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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

April 9, 1970  
Classroom Building,  
University of  
Saskatchewan  
REGINA, Saskatchewan.







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BEFORE:

|                     |                      |
|---------------------|----------------------|
| Gerald LeDain,      | Chairman,            |
| Ian Campbell,       | Member,              |
| J. Peter Stein,     | Member,              |
| H.E. Lehmann, M.D., | Member,              |
| James J. Moore,     | Executive Secretary, |

RESEARCH:

Dr. Ralph Miller,  
Dr. Charles Farmilo.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

April 9, 1970  
Classroom Building,  
University of Saskatchewan,  
Saskatchewan,  
REGINA, Saskatchewan.





--- Upon commencing at 1:00 p.m.

THE CHAIRMAN: Ladies and gentlemen, this is an informal hearing of the Commission of Inquiry into the Non-Medical Use of Drugs.

We have had this kind of hearing all across Canada in universities. I don't know that one has ever been better attended than this. I don't want to take any of the time that we have with a long statement about the background of our appointment. You are probably generally familiar with our task.

I would just like to say about two words about what we are asked to inquire into, but before that I would like to introduce the members of the Commission:

At my far right, Dean Ian Campbell of Montreal; on my immediate right, Dr. Heinz Lehmann of Montreal; I am Gerald LeDain; on my left, Mr. James Moore, Executive Secretary of the Commission; on Mr. Moore's left, Mr. J. Peter Stein, member of the Commission from Vancouver. We regret that the other member of the Commission, Professor Marie Andrée Bertrand, has been unable to be with us at our hearings in Saskatchewan.

Now very briefly, we are asked to inquire into the effect of these psychotropic drugs, mood-modifying drugs and substances. We are asked to inquire into the extent and pattern of use, non-medical use, of these drugs in Canada.

Finally, we are asked to inquire into the motivation of such use, and the related social





1 factors, and just generally its significance in our  
2 society today, in relationship to other things happen-  
3 ing to the society, to us as individuals.

4 And on the basis of this knowledge  
5 and of course by implication, we are asked to look at  
6 the present social response of this phenomena, the full  
7 range of it, and on the basis of these findings to  
8 make recommendations to the Federal Government as to  
9 what it can do alone, or with other levels of government  
10 in Canada, and the words in the terms of reference are,  
11 "how it can act in the reduction of the dimensions of  
12 the problems involved in such use."

13 So the terms of reference are  
14 very broad, and indeed invite us, I think inevitably,  
15 to --or involve us inevitably in a social commentary  
16 in our time.

17 And because there hardly seems  
18 to be any knowledge or understanding about the human  
19 condition today, that is relevant to this question.

20 Now I take the liberty before  
21 I invite discussion here today, of making the statement  
22 that I hope won't be misunderstood, or perhaps won't  
23 seem fortuitous, but as we come along in our inquiry  
24 there has been a suggestion to us by people, that they  
25 feel we must have heard everything, and that there can  
26 be little light to be thrown on the subject, and they  
27 want to spare us the burden of hearing it again.

28 And from our point of view, it  
29 is quite the contrary. It is very important that we  
30 hear what everyone in each locality thinks about this





1 as comprehensively and as fully as possible, because  
2 it is in that way we can come to what we feel is a  
3 reliable understanding of the truth, and we can have  
4 confirmation of some of the hypothesis that we have  
5 heard earlier, some of the views and experiences. It  
6 is very important.

7 This gives us a sense of the  
8 weight, so it is essential that we hear your views  
9 as fully as possible. And I may say that our experience  
10 has been that in every place we have gone to, we have  
11 had fresh light on certain aspects of a particular  
12 experience, each community has its own experience. So  
13 that I can assure you that it is to us of unending  
14 value, and interest to get these views as fully as we  
15 can, in each place.

16 So I hope you will not in any  
17 way feel inhibited in the sense we have heard a lot.  
18 Of course we have, but we feel we all have a lot more  
19 to learn about it, and certainly what the communities  
20 feel as a whole.

21 So I would like you to give us  
22 the benefit of your views in any aspect of this  
23 phenomenon. I may say there have emerged certain very  
24 basic general questions, which seem to show the  
25 suggested nature of the decisions that have to be made  
26 here, of a moral family nature.

27 The question is, what is to be  
28 our general attitude as to the non-medical drug use  
29 as such. What is to be our value approach to this,  
30 value judgment if you want. What is the judgment for





1 | our general policy, and that doesn't really say what  
2 | we are going to do about it.

3 |                   And then there is, what is the  
4 | appropriate role of the law, in particular the criminal  
5 | law, in this whole area of human conduct. What is  
6 | the responsibility of government, if any.

7 |                   These are basic questions. Now  
8 | I suppose you might say philosophically, and then the  
9 | basic question about information, and education: Do  
10 | we tell the whole truth; do we tell the good as well  
11 | as the bad? And if so, do we make any differentiations  
12 | as to the appropriate age?

13 |                   And in treatment there are  
14 | questions: Is there any proper scope of treatment and  
15 | such, and what is it we are treating, and what is this  
16 | notion of the need. Is there an aid; and there are  
17 | many other questions of this very fundamental character,  
18 | and finally of course, what is the meaning of this  
19 | phenomenon, larger meaning or significance of this  
20 | phenomenon.

21 |                   And I must say we are particularly  
22 | interested in having the views of university students,  
23 | and we would derive a great deal of assistance. We  
24 | have formed some views, our understanding of the moti-  
25 | vation, interpretation, but we feel we have a long way  
26 | to go to really feel we have an understanding of the  
27 | measure of significance of this phenomena.

28 |                   And what can be done about the  
29 | social conditions, the personal conditions, personal  
30 | relationships, to create a better kind of personal



1 development in a personal relationship.

2 These are broad areas that we  
3 would be very glad to have your help on. But as I  
4 say, if you feel in any way we would be interested,  
5 to hear your aspect.

6 We have microphones here that  
7 may not be possible for all of you, or always convenient  
8 but I am sure the acoustics seem very good, and I am  
9 sure you could make yourself heard even though you  
10 can't reach a microphone.

11 So it is open for discussion.

12 There is always a hero, or heroine,  
13 who walks out to the end of the board, and takes the  
14 first plunge in, and sometimes we wait a dramatic  
15 moment or two for this. But we never fail to find  
16 a person.

17 We hope the University of  
18 Saskatchewan <sup>isn't</sup> / going to be second to any other univer-  
19 sity in that respect. We are going to strike a medal  
20 for this at the end of the Inquiry.

21 THE PUBLIC: Yes. I would like  
22 to speak on behalf of the Students' Union, Regina  
23 Campus of the University of Saskatchewan.

24 I have a brief, but I want to  
25 speak on a specific area of this question; but that  
26 has to do with marijuana, although I don't want to go  
27 into the evidence itself. I am sure the evidence you  
28 people have found is that physically marijuana is  
29 probably not any more harmful than chlorine in the  
30 drinking water, and no more habit forming than maybe





1 television, but there is a real danger in marijuana,  
2 a person using marijuana, and that is the fact if they  
3 use it and <sup>if</sup> they are caught they go to jail.

4 And so I would like to address  
5 my remarks to just the legalization of marijuana --  
6 or the illegalization of it, and what might be hoped  
7 to be gained by this.

8 I think the people that decided  
9 that marijuana should be illegal, were of the opinion  
10 that widespread distribution of marijuana was a bad  
11 thing, and this is something they wanted to curtail.

12 However, by making it illegal  
13 I don't think they have done this at all. I think from  
14 the evidence, you people have found marijuana usage is  
15 going up, and up, and up, and making it illegal is  
16 just putting a penalty on people who are using it, not  
17 stopping people who are using it.

18 And I think the problem you people  
19 should be mainly concerned with then is, the problem  
20 of who benefits by it being legal, and who doesn't,  
21 and whether or not ---

22 THE CHAIRMAN: Excuse me, would  
23 you stop please, just for a minute?

24 Excuse me. Could I speak to the  
25 photographer?

26 I apologize to you all. I  
27 neglected, and this hasn't happened for some time,  
28 because I guess we were forgetting about it.

29 We have requested right across  
30 Canada, the media not to take pictures of anyone other





1 than those making formal submissions at our public  
2 hearings, who are seated at the table for that purpose,  
3 and the media have co-operated with us, and respected  
4 this request.

5 And the basic idea has been that  
6 no one should be --have their picture taken at our  
7 hearings, unless he or she wished, and they have been  
8 prepared to accept that, and I didn't ask that pictures  
9 not be taken.

10 I would appreciate it if you  
11 wouldn't. This is a request that has been respected  
12 right across Canada, and we haven't had any difficulty  
13 about it, and if you would sort of use your own  
14 discretion on the pictures you have taken, I would  
15 appreciate it.

16 THE PUBLIC: I will destroy them.  
17 We had no knowledge.

18 THE CHAIRMAN: You had no knowledge.  
19 Thank you very much, and I appreciate that.

20 THE PUBLIC: But to get back to  
21 the problem facing marijuana, I think the problem is  
22 whether people have the choice to use it, or not.

23 Like I don't think anyone on this  
24 Commission would be happy with the fact that people  
25 are being pressured into using marijuana, and yet we  
26 are all familiar with the fact that the availability  
27 of a commodity doesn't have as much play on its usage  
28 as the salesmanship that goes into marketing it, and  
29 we also know what happens to<sup>an</sup> illegal product that are  
30 on a black market, that they are still marketed, there





1 are still the pressures for people to buy, and there  
2 is particularly the pressures when your friend is  
3 earning his way through college by peddling a little  
4 bit of marijuana.

5 This could be eliminated by legal-  
6 izing marijuana, but not across the board. The legal-  
7 ization without any restrictions: I think what this  
8 Commission should be recommending is legalization but  
9 on the basis that there isn't a great amount of adver-  
10 tising that goes into it, such as liquor, cigarettes,  
11 or any other commodity on our market.

12 I think if people are concerned  
13 about the increased usage of marijuana, then they  
14 should eliminate these pressures for people to buy it,  
15 both on the black market and on the legal market, by  
16 firstly controlling both processing and distributing  
17 of marijuana, so it is under a government agency, and  
18 there is no profits involved, there is not people  
19 reaping profits, and there is not the incentive for  
20 people to be buying it, and this is the brief I want  
21 to present to you people.

22 THE CHAIRMAN: Thank you.

23 Dean Campbell?

24 MR. CAMPBELL: It seems to me  
25 you oppose the use of advertising of this particular  
26 drug. Are you saying this with reference to cannabis  
27 exclusively, or do you have the same reservation, or  
28 the same opposition to the continuation of advertising  
29 -- urging the use of tobacco, or alcohol, or any other  
30 such drug?





1 THE PUBLIC: I am under the  
2 opinion that marijuana is not a harmful thing, but  
3 some people have this hang-up, this is a bad thing,  
4 people shouldn't be using it, and they think by making  
5 it illegal they are meeting these ends; that people  
6 aren't going to use it because it is illegal.

7 But this has been defeated. People  
8 are still using it, the increase in marijuana has been  
9 going up, and up, and up. So I say maybe the answer  
10 then is to make it legal, but to eliminate this  
11 pressure.

12 MR. CAMPBELL: I follow that one,  
13 but I am wondering if you make it legal, from what you  
14 said, in a fashion similar to alcohol, and you say,  
15 "But no, won't advertise cannabis." Are you also saying  
16 that there should not be advertising of alcohol,  
17 advertising of tobacco?

18 THE PUBLIC: Sure.

19 THE PUBLIC: I go along with that,  
20 but it is a whole new argument.

21 MR. CAMPBELL: I just wondered if  
22 that was the implication to be taken from the statement.

23 THE PUBLIC: I think with any  
24 commodity, the person should have the ability to  
25 determine by themselves whether they are going to use  
26 it or not.

27 I think this is what we talk  
28 about, when we talk about freedom. We don't talk  
29 about the 133 million dollars that Procter & Gamble  
30 spend on advertising of soap.



1                               We talk about whether it is a  
2       good soap, and whether we should be using it or not.

3                               THE CHAIRMAN: But from the  
4       practical point of view, one might put the question  
5       this way: Assuming that one can not impose greater  
6       restrictions on the advertising of alcohol and tobacco  
7       that are now applied, would you still -- you still  
8       say there should not be advertising of cannabis? Do  
9       you see what I mean?

10                              THE PUBLIC: Yes. What I suggest  
11       would be though, both processing and marketing of  
12       marijuana be done by government agencies, whereas right  
13       now the distribution of alcohol is, but the distribution  
14       of it still leaves the vested interest of the distill-  
15       eries to use it, and push the use of liquor.

16                              DR. LEHMANN: Would you say it  
17       would be a pragmatic compromise you are proposing,  
18       leaving marijuana as possibly an exceptional case?

19                              THE PUBLIC: Well, in this  
20       particular incidence it is hard, I would say it was  
21       almost impossible, unless one researched our whole  
22       society with taking the privilege away of advertising  
23       from people who have already vested an interest in it.  
24       But people, when you are not advertising it now ---

25                              MR. CAMPBELL: When you talk  
26       about controls, you spoke specifically about the  
27       control of government manufacture, and distribution.  
28       Were you thinking of other controls, or only those?

29                              THE PUBLIC: Could you go to  
30       the mike? People at the back can't hear you.





1 MR. CAMPBELL: What I am getting  
2 at there are controls on the use of tobacco. And in  
3 many areas it is illegal to purchase tobacco if you  
4 are under sixteen. There are controls on alcohol.  
5 You can't purchase it under twenty-one, or twenty.

6 Are you proposing the same type  
7 of control with respect to cannabis?

8 THE PUBLIC: I hadn't considered  
9 the question.

10 I don't agree with the present  
11 controls on alcohol or tobacco, whether they be  
12 appropriate, and whether they be appropriate for  
13 marijuana I have no idea.

14 THE CHAIRMAN: In other words,  
15 you don't think of an age limit?

16 THE PUBLIC: If I thought of an  
17 age limit, I wouldn't think of twenty-one, because I  
18 know physical adults long before that.

19 THE CHAIRMAN: Thank you.

20 DR. LEHMANN: Before you leave  
21 the microphone, may I ask you one other question?

22 You mentioned at the beginning,  
23 the innocuousness of cannabis, with regard to dependency  
24 producing properties, and physical damage.

25 Now it may not be physically more  
26 damaging than say, the contraceptive pill, or more  
27 dependency producing than T.V., but what about the  
28 possibility of psychological damage? You didn't  
29 seem to consider -- at least you didn't mention it.  
30 We know very little -- we have very little hard





evidence, but there is some evidence to suggest, or at least proposed evidence, that those who take undue amounts of marijuana, smoke too much, and hence their marks in school, their grades come down, and so on.

THE PUBLIC: I have read these reports to suggest the chronic use of hashish results in severe brain damage, or some kind of brain damage. These are all hypothesis, and they all put that word "chronic use" in there.

However, this doesn't seem to be our criteria in the legalizing of other commodities such as alcohol, where not even the chronic use, but just the periodic use of alcohol does do great damage.

One bottle of beer destroys brain neurons.

DR. LEHMANN: I wasn't talking about brain damage, I was talking about psychological damage, of losing motivation.

THE PUBLIC: Like chronic drinking?

DR. LEHMANN: Like chronic drinking.

THE PUBLIC: We are actually thinking about putting a beer parlor on this campus, and I can't see how this would be any more damaging, or any less damaging, than the use of marijuana, psychologically.

I mean like we have all these habit forming things, like whether you watch T.V., write final exams, or have a bottle of beer, and I think the same thing can be said for marijuana, but it doesn't



1 have a psychological dependency.

2 MR. STEIN: I would be interested  
3 -- needless to say we have heard the alcohol-marijuana  
4 controversy from coast to coast.

5 I would be interested in knowing  
6 whether or not, what your views are on the statement  
7 made to us by one alcoholic, in I think it was --  
8 it doesn't matter, it was somewhere in Ontario, he  
9 said he had been an alcoholic, and he said he for one,  
10 was getting very tired of listening to young people  
11 talk about the use of marijuana, as some new kind of  
12 ritual, which would lead them to a meaningful existence  
13 when most of their arguments, as he had heard them,  
14 seemed to be to say that marijuana was no more harmful  
15 than alcohol, and he just wondered whether there was  
16 anything good -- I mean in other words, is there any-  
17 thing good about it?

18 Now we have heard some things  
19 this morning, and we certainly have heard people speak  
20 about their reasons for use of marijuana, and they  
21 see it in terms of what is meant to them, but I would  
22 be interested in hearing what, if anything, besides  
23 the fact it is no more harmful than alcohol, or other  
24 drugs, what if anything of a positive nature you would  
25 want to suggest is available to someone using marijuana.

26 Well, I will leave it at that.

27 THE CHAIRMAN: Yes.

28 The gentleman at the microphone.

29 THE PUBLIC: Well, for one thing  
30 I guess, as far as the positive aspects of it go,





1 people seem to enjoy it, and that seems to them to be  
2 good enough, and as far as when you were addressing  
3 yourself to psychological states, that marijuana can,  
4 somehow cause psychological problems, well I see --  
5 I think one of the major psychological problems result-  
6 ing from people using marijuana, is the paranoia  
7 involved with the law.

8 Now this, to me, -- like that  
9 seems to be the major problem with smoking marijuana,  
10 psychological problems. If you are interested in  
11 alleviating some of the psychological hang-ups people  
12 have, then the only positive course people  
13 would be to relieve their paranoia by legalizing it,  
14 and then you can take it from there.

15 Because any psychological state  
16 that develops in marijuana use now, I see it as sort  
17 of a result of the sort of taboo put on it by the  
18 people, so I don't think you can talk about psycho-  
19 logical states being harmful, until it is above board.

20 MR. STEIN: Is this one of the  
21 attractions of it also?

22 In other words, it has been  
23 suggested to us, it is very clearly a symbol of what  
24 is wrong with many of the things in our society, that  
25 is the laws on marijuana, and therefore the smoking  
26 of it is a visible form of protest, kind of an identi-  
27 fication with anyone who may feel similarly about  
28 what is wrong with the system, and with our institutions.

29 In other words, is this -- you  
30 mentioned fun as the reason for perhaps using it. What





1 would your reaction be with the point that has been  
2 made, that it is also -- its use is not solely for  
3 this purpose, but it may also be a form of visible  
4 affiliation.

5 THE PUBLIC: Yes, I guess it  
6 could be considered like that.

7 MR. STEIN: I am asking you, or  
8 anyone, if this adds up at all, to anything meaningful?

9 THE PUBLIC: I would like to  
10 reply to Dr. Lehmann a bit. He said that one of the  
11 psychological effects it may have, was that people  
12 lose their competitive aspects, that, you know, their  
13 grades fall because they just don't care anymore  
14 about university, and other things.

15 Earlier this morning, one of the  
16 people submitting a brief said something about the  
17 society was more fearful of the phenomena that surrounds  
18 the drug use, than the drug use itself.

19 And this is probably one of the  
20 big areas of that fear, is that people will lose their  
21 competitiveness, and, you know, they won't fit into  
22 the society as it is now structured where, you know,  
23 you have to obtain high marks and obtain a good degree  
24 and fight your way up in an executive structure, and  
25 that structure may, you know, eventually fall down  
26 because people will refuse to compete within those  
27 bounds.

28 MR. STEIN: Could you go on for  
29 a minute, because we have heard quite a lot about new  
30 life styles, and very often this comment is made, that



1 the present life style that involves competition has  
2 a negative influence on people.

3 And then there is a suggestion  
4 about new life styles. We have met a lot of people  
5 who have talked about it, some of us have used it in  
6 various places where their efforts, I suppose, to develop  
7 other kinds of arrangements, economic and otherwise,  
8 but what do you, for example, have in mind as an  
9 alternative to this competitive system that you describe?

10 THE PUBLIC: The life styles as I  
11 see them developing now, are not really an alternative  
12 life style, they are <sup>a</sup>defensive life style, that people  
13 in order to survive psychologically, and to live like  
14 human beings, are changing the way they live, they are  
15 living in communes, they are living with other people  
16 and they are using marijuana to -- some people I know,  
17 some high school students, when they come home they  
18 either crash out for four hours to sleep off the effects  
19 of high school until they smoke dope, because that's  
20 what it does to them.

21 And you know, I think the entire  
22 structure of the society in Canada, and North America,  
23 has to be changed before these things stop happening,  
24 that people right across the continent have to start  
25 living like people, instead of like, you know, they  
26 are robots and automatons <sup>that</sup> / have the competition in  
27 their head, and the dollar symbol.

28 THE PUBLIC: I would just like  
29 to say something for a moment. I don't want to get  
30 into ideologies, and things like this, or moral prob-





1       lems. I think all these questions have to be answered  
2       probably eventually, but being a bit of a pragmatist  
3       I think we ought to look at things more importantly  
4       right now, like the number of young people who are  
5       going to jail for the use of marijuana.

6                       This is a serious drain on the  
7       people available to society to administer to society.  
8       There are a lot of really good heads in jail.

9                       The other more serious problem  
10      as I see it, is the dope that people are getting in  
11      a chemical sense. I am saying that the stuff they  
12      are getting instead of LSD, or instead of mescaline,  
13      or instead of whatever it is they want to buy, they  
14      get a lot of methadrines, they get a lot of speeds,  
15      they get a lot of strychnine that just lately has been  
16      coming out in acid.

17                      Now these things have to be  
18      stopped, whether we answer the moral question, or  
19      whether we answer the question of whether everybody  
20      will eventually turn on, or change life styles, or  
21      anything else, we have to stop the people going to  
22      jail, and we have to stop their heads being screwed  
23      up by this stuff -- foreign chemicals being put into  
24      drugs.

25                      Now the only way that I can  
26      see it can be done, is government control of production  
27      and distribution, and the only way that is going to  
28      come out is the legalization of some of the drugs at  
29      any rate.

30                      MR. CAMPBELL: There is a matter



1 I would like to raise with you.

2 When you talk about the unfortunate  
3 effects of the imprisonment on young people, is your  
4 concern exclusively with those who go to jail for drug  
5 offenses, or is your concern a broader one with the  
6 question of imprisonment of young people, or of people?

7 I have met some fourteen year  
8 old kids in penitentiary; I have met fifteen year olds,  
9 and sixteen year olds in penitentiaries who in my  
10 judgment were not there for any particularly serious  
11 thing. They may have originally stolen some candy,  
12 and then gone to a reform school and run away from  
13 reform school twice, and ended up doing time in a  
14 federal penitentiary.

15 Now they were fourteen and fifteen  
16 or sixteen. Is your concern there as well, or exclus-  
17 ively concerned with the drug offender?

18 THE PUBLIC: My concern is with  
19 anyone who has to be locked up in a cage for society's  
20 sake, to protect us from them.

21 The word is that these processes  
22 are supposed to be rehabilitative, but I don't think  
23 any jail in Canada can say that it has a good rehab-  
24 ilitative percentage.

25 My sympathies lie with those  
26 people who go to jail. But one area that we could  
27 correct now, this is a huge problem, and it will take  
28 probably many years of work to clean the Act up, but  
29 one area where we can start is with drug offenders,  
30 because within the last few years there have been a





1 great number of young people go to jail for minor  
2 misdemeanor drug offences.

3 MR. CAMPBELL: I would like to  
4 raise another question about what you meant by the  
5 drug offender.

6 Are you speaking in the area of  
7 a person found in possession of cannabis, or are you  
8 thinking more broadly of cannabis, acid, speed, the  
9 opiates?

10 THE PUBLIC: I was thinking mostly  
11 of smoking dope, being in possession of a few seeds,  
12 or perhaps half a "J" of marijuana. Or if they can't  
13 find anything it has been said that they will just  
14 plant it anyway.

15 If they know you use it, they  
16 will find some if they need to find some.

17 MR. CAMPBELL: What is your  
18 reason for making this distinction, though, between  
19 cannabis and the other drugs?

20 THE PUBLIC: Because when the  
21 word, the phrase "other drugs" as I said, it can have  
22 all sorts of connotations. People can conjure up  
23 visions of heroin, or people can conjure up visions  
24 of ---

25 MR. STEIN: I think this is the  
26 question in my mind, if I can carry on.

27 What I wanted to ask you is, do  
28 you think users of heroin should go to jail? Users  
29 of heroin.

30 THE PUBLIC: No. I think the



1 government should provide for them in some other  
2 manner, because a heroin user cannot be cured as such.  
3 Obviously. They only have about a two per cent comeback.

4 The heroin addict can have it  
5 taken out of his blood, but they can't take it out of  
6 your head, is what the saying is. And most of these  
7 people, as soon as they get out of the hospital where  
8 they took the cure, and get out of the hospital, they  
9 are stoned before they get home on the train.

10 It is addiction, largely physio-  
11 logical, and it can never be corrected except at the  
12 source.

13 Heroin, I think everyone will  
14 agree, needs to be controlled a lot more than it is.  
15 But the Mafia owns the government, I guess, in the  
16 States.

17 MR. CAMPBELL: Again, this is a  
18 very important question that you raise. You say that  
19 heroin needs to be controlled much more than it is.

20 What is it about heroin that  
21 requires that control?

22 THE PUBLIC: I don't know. I  
23 have never done any heroin.

24 MR. CAMPBELL: You make the  
25 statement as a society we should have this other level  
26 of concentration, and concern, and control, and what  
27 I would like to find out is what is the criterion you  
28 are using here?

29 DR. LEHMANN: If I may just  
30 disperse one thing: We have been often told you





1 haven't taken, or not frequently enough, any marijuana,  
2 therefore what do you know about it. Meaning the  
3 Commission.

4 Now you said you haven't done  
5 any heroin, so you don't know anything about it. But  
6 you do have very definite opinions.

7 Some heroin user could say, "If  
8 you haven't taken heroin, how can you have opinions  
9 on it?"

10 THE PUBLIC: Well, O.K., I won't  
11 have an opinion on heroin then.

12 MR. CAMPBELL: I really rather  
13 wish you would.

14 THE PUBLIC: Well, along the  
15 lines this last guy took, I think the problem is, and  
16 I would sort of like to compare it to an analogy. This  
17 analogy is, you can kill a revolutionary, but you  
18 can't kill a revolution. You can jail a head, but you  
19 can't dry up the supply, and I think for all of you,  
20 I dare you to challenge that statement.

21 THE CHAIRMAN: Have you got  
22 another point?

23 THE PUBLIC: No, but I would  
24 just like to say that it has reached a point now,  
25 where you can't do anything. The situation -- it is  
26 not going to disappear, we have got it and we have  
27 got to do something about it, and the best way is,  
28 since we can't stop making it illegal, it has been  
29 proven impossible, and obviously the easiest way is  
30 to legalize it.



1 MR. STEIN: What would your  
2 view on heroin be?

3 THE PUBLIC: My view on heroin?

4 MR. STEIN: Yes.

5 THE PUBLIC: In the treatment of  
6 addicts, or the people who sell it?

7 MR. STEIN: Whatever. Whatever  
8 you want to speak to.

9 THE PUBLIC: Well, I have got  
10 some experience. My mother was a psychiatric nurse  
11 at one time, and she worked with heroin addicts, and,  
12 well, these people definitely need help and they found  
13 that if they locked them in jail they would commit  
14 suicide most of the time, or at least try, so there-  
15 fore jail was far from the answer for these people,  
16 and on the other hand these people who are pushing it  
17 are basically criminal, this is one of the arguments  
18 I have against these people, say, well, that marijuana  
19 leads to heroin.

20 Well the fact is, that as long  
21 as they are illegal the guy that gets jailed for  
22 marijuana is going to get in with these elements, and  
23 he is going to find he can make a lot more money  
24 selling heroin than he can marijuana. And since he  
25 is going to get busted anyway, that this guy is going  
26 to go and make some dirty money like everyone else  
27 in this society.

28 THE PUBLIC: I would just like  
29 to follow up that point on heroin, and marijuana too,  
30 and the differences.





1 I think this is the crux of  
2 the whole argument. People recognize that there are  
3 some drugs that are harmful, that are psychologically  
4 and physically addictive, and the results of this  
5 might not always be the best.

6 Some evidence to this effect, it  
7 is available in heroin where it is not in marijuana,  
8 and yet by making marijuana illegal there is absolutely  
9 no control on the distribution of it, and there is  
10 no control on the distribution of heroin. And very  
11 recently in the New York Times there was an article  
12 that pointed out the fact that with a large demand of  
13 marijuana, and the pressure that the police are putting  
14 on regarding the distribution of marijuana, that it  
15 was actually cheaper to use heroin.

16 So if you wanted to get high, you  
17 used heroin, and people say that marijuana users go  
18 on to heroin, and if the market situation is such, and  
19 the economic situation is such that a person can no  
20 longer afford marijuana, that can afford heroin, poss-  
21 ibly this is true. Possibly it does in that effect  
22 lead to heroin, and this is something we want to  
23 control, this is something we want to avoid, and the  
24 obvious thing then is to legalize marijuana.

25 THE PUBLIC: No smoking in here  
26 please. There is a sign behind you, Mr. Campbell, that  
27 says "No Smoking".

28 MR. CAMPBELL: As Dr. Lehmann  
29 can attest my withdrawal symptoms ---

30 I will switch to snuff.



1 THE PUBLIC: We won't send you  
2 to jail, one way or the other.

3 MR. STEIN: What happens here --  
4 I am sorry, was there someone there?

5 THE CHAIRMAN: There is someone  
6 at the microphone.

7 THE PUBLIC: It has been suggested  
8 to us by some people that a pusher is more or less a  
9 public servant, and I happened to think about that  
10 for a while, because I happen to know some people that  
11 are involved in this sort of thing. There has been a  
12 lot of busts, as they call them, in this city.

13 So one of these public servants  
14 that I know very well, was a pretty good guy until he  
15 got busted, but then he needed the money to break his  
16 sentence, so he decided, "Well, how am I going to make  
17 this money?", and he decided to take it out on his  
18 friends. And I just say this competitive system that  
19 we are put into, is all part of it. It is the whole  
20 cultured thing, before talking about life styles,  
21 changing the competition things.

22 It is with the community so much,  
23 and I don't think anyone wants that.

24 MR. STEIN: Taking that illustration,  
25 is it your view that an individual is responsible for  
26 what he does, or he is the victim of pressures that he  
27 can't overcome?

28 And I realize it is not either/or  
29 but, are you suggesting that the persons decision to  
30 do something, in this case, your friends decision to





1 pay money in this way was not a free choice, that he  
2 in fact was pressured in some irrevocable way, that  
3 he couldn't control?

4 THE PUBLIC: No, I would say he  
5 was probably human, you know, and that is the fault of  
6 a lot of us.

7 It is just a bad situation all  
8 around. It is unfortunate that he is in this position;  
9 it is unfortunate that many people like him are in  
10 that position, and it is also very likely that such  
11 things happened because of it. That is just an example  
12 of some of the competition in society that we were  
13 talking about.

14 DR. LEHMANN: May I change the  
15 subject, and ask another question which has preoccupied  
16 the Commission a great deal?

17 We often are faced with the prob-  
18 lem and have opinions on it. Take the speed user who  
19 has been taking it for a considerable time, who has  
20 lost ten or fifteen pounds, who is an pretty awful  
21 physical state, uses poor judgment in driving a car  
22 or motorcycle, and becomes somewhat of a public  
23 danger, but doesn't want any treatment, and says, "Just  
24 leave me alone, I am doing fine, thank you."

25 Now, how do you feel about com-  
26 pulsory treatment? Should there be such a thing, and  
27 if, under what conditions, and who should decide on  
28 it?

29 THE PUBLIC: Compulsory treatment  
30 to stop him from driving his car, or stop him from



1 using speed?

2 DR. LEHMANN: From using speed  
3 Because as long as he is using speed his judgment  
4 predictably would be so poor, that you would have to  
5 have someone with him at all times to stop him from  
6 driving the car.

7 THE PUBLIC: That is not the  
8 idea. We think of a person who drinks when he drives,  
9 he shouldn't be driving his car when he is drinking,  
10 but don't stop him from drinking.

11 DR. LEHMANN: There are people  
12 where alcohol has become such a problem that because  
13 of their physical impairment, and the impairment of  
14 judgment which is continuous, they will be committed  
15 for psychiatric treatment, whether they like it or  
16 not, because one knows that they are a public danger.

17 Do you agree with this kind of  
18 procedure?

19 THE PUBLIC: We don't have an  
20 answer ---

21 MR. STEIN: You had better  
22 talk at the microphone.

23 THE PUBLIC: People have to be  
24 protected in some manner, and I would say this is a  
25 question of our society, and people asking about  
26 society all the time, and I will come back to that  
27 in a minute.

28 This is a problem, and I think  
29 it is a separate problem. With the system we have  
30 now, people do things that are dangerous, or harmful





1 to other people, and we don't have all the answers  
2 what to do about these, and this might involve using  
3 temporary measures such as jails and stuff like that.

4 But I don't think it is related  
5 to the narcotic usage, particularly the problem of  
6 marijuana usage, that we automatically say that  
7 because a person is using it he should be committed  
8 somewhere, he should be locked up, put in jail, or  
9 a psychiatric institution, he should be rehabilitated.  
10 Because by saying this, we are making the assumption  
11 that he needs rehabilitation and not for hurting  
12 people, but for doing something to himself.

13 And yet the whole basis of our  
14 society is built on, is we should have some freedom.

15 DR. LEHMANN: Would you accept  
16 the reasoning that is sometimes often given, that  
17 the use of certain drugs will almost invariably  
18 force the individual into anti-social acts?

19 THE PUBLIC: Once again, we  
20 are getting back to social problems, and I will say  
21 what I was going to about this, because it does worry  
22 me a little bit.

23 The questions people are asking  
24 about the changing society, the changing life style  
25 and the likes of this, it sort of makes you wonder  
26 whether you are trying to distinguish the people who  
27 believe that marijuana should be legalized, but our  
28 society is O.K., and those who believe marijuana  
29 should be legalized.

30 But our society is not O.K. Are



1 we going to give to this some kind of criteria by  
2 which you evaluate what you say?

3 THE CHAIRMAN: We are not only  
4 required to consider marijuana, or the legalization,  
5 we are required to consider the whole phenomena of  
6 the non-medical use of psychotropic drugs, and sub-  
7 stances, you see.

8 So we are trying to understand  
9 this phenomenon in all its scope, not only as a short-  
10 term thing, but as a long-term thing.

11 We are trying to look down the  
12 road, and we are trying to decide what kind of a social  
13 response is called for here, if any, and that isn't  
14 only a question of law.

15 So we are really trying to, you  
16 know, we have to consider the different drug -- we  
17 have to find out what principles you believe should be  
18 applied, and that's why we ask you for this distinction.

19 THE PUBLIC: I would like to  
20 make a comment about that.

21 THE CHAIRMAN: Yes. Would you  
22 like to come down to the mike?

23 THE PUBLIC: Not really, but I  
24 guess I will.

25 Well, in terms of what you said  
26 about it creating compulsory conditions, in dealing  
27 with speed users, I have just been thinking about that,  
28 and it seems to me the only thing that makes sense  
29 to me about my understanding of the way this structure  
30 operates is, the only thing it becomes compulsory for



1 me to take the social responsibility to destroy, or  
2 overflow, the structure that is creating the kind of  
3 psychological makeup of individuals that will force  
4 them into situations of becoming self-destructive,  
5 and that is the only way of dealing with that kind of  
6 usage of drugs, that there are some drugs like speed  
7 and other --well, very hard-line drugs that are very  
8 destructive, and you have to look at, I think, the  
9 reasons for why people choose self-destructive means;  
10 right?

11 And everything in our society  
12 the way it is built right now, I think, you know,  
13 creates a mass psychology in all of us that makes  
14 us choose to be self-destructive, and in order to  
15 take away that hurdle, to eliminate that kind of  
16 phenomenon, you have to hit at the very social structure  
17 that is creating that mass psychology in the first  
18 place.

19 It is sort of like an extension  
20 of what Barry was saying, in that you said there was  
21 some users of marijuana, you said you find that their  
22 school marks dropped, right? O.K., I think there  
23 could be one thing -- that says something to me in  
24 that people using drugs can sometimes come to the  
25 conclusion that their existence in their schools, or  
26 in their assembly lines, or in their daily activities,  
27 is very meaningless; right?

28 And it is very threatening to  
29 the power structure for the masses of people in the  
30 society to recognize that their positions in the





1 society are extremely useless and meaningless, that  
2 they are very alienated human beings.

3 Because that means that those  
4 people are going to want to do something to change  
5 that, and that is going to threaten the people who  
6 are in the power structure, because they have a vested  
7 interest in keeping the structure the way it is,  
8 because they profit from it.

9 But we suffer from it. And I  
10 see that the only way of overcoming ---

11 THE CHAIRMAN: This is obviously  
12 important. Can you tell us what you mean by the  
13 nature of the suffering, what is the nature of the  
14 burden imposed by the society? What are the problems  
15 created?

16 Could you give us more on that?

17 THE PUBLIC: Well, all I can say  
18 is, the system that we are forced to live under at  
19 this point is not, in terms of meeting the needs of  
20 people, it is in terms of profit, and it is in terms  
21 of corporations and government officials and every  
22 bureaucratic organization that exists in North  
23 America manipulating individuals to overwhelming  
24 expense, so that they don't even know themselves,  
25 and care about themselves anymore. And that I guess,  
26 sort of what I am trying to say is, that I think there  
27 are a lot of us, a lot of people who, because of the  
28 mass psychology in this structure, who because we are  
29 so alienated, because we have been created to be that  
30 way and divided from one another, that even -- that



1 using drugs becomes a self-destructive kind of  
2 process.

3 Not because it is inherent in  
4 the particular drug, but because it is inherent in  
5 the mass structure of the psychology itself.

6 And if we are going to eliminate  
7 the destructive manifestation of drugs, we don't  
8 eliminate drugs, we eliminate that social structure  
9 that is creating those bad manifestations.

10 THE PUBLIC: That is  
11 it.

12 THE PUBLIC: The society is sort  
13 of survival-oriented, and like we have had the  
14 survival problems licked a long time ago, but there  
15 doesn't seem to be anything else for us to do, so  
16 we are sort of working it to death.

17 And if you try and get out of,  
18 you know, producing things for survival, they are  
19 going to starve you out.

20 And when you start doing dope ---

21 MR. CAMPBELL: Is there a  
22 survival problem with liquor?

23 THE PUBLIC: I was thinking, like  
24 the society, like you are for production and where you  
25 are bent on making more and more, creating markets.

26 But we really don't have to do  
27 that because there is enough around, and if you stop  
28 doing that, like you smoke dope and go out and play  
29 your guitar or something, like something that is  
30 really meaningful to you. I mean, like, they are going





1 to starve you out for it.

2 THE CHAIRMAN: Would you --  
3 the scientists tell us that we may not have more  
4 than ten years to get properly organized to defend  
5 ourselves against extinction by pollution.

6 THE PUBLIC: Thanks for the  
7 Capitalists again.

8 THE CHAIRMAN: I am sorry to  
9 say this, we may not even -- you know, I don't want  
10 to quibble about details, the timing, respectable  
11 scientists suggest that time is running out on us  
12 to defend ourselves, so how can you say survival  
13 has been left?

14 THE PUBLIC: I mean survival with  
15 respect to accommodation, food and things like that,  
16 because everybody is really trying hard to survive  
17 and most of it is redundant.

18 THE CHAIRMAN: But aren't there  
19 great problems still of survival, aren't there great  
20 changes in society?

21 THE PUBLIC: Particular kinds  
22 of survival.

23 THE PUBLIC: The same people who  
24 pay your salaries, spend millions of dollars a year  
25 producing poison gases for germ warfare, in Alberta,  
26 and they are spending all the money on this.

27 THE PUBLIC: You can live within  
28 the society, or slightly outside. Like in B.C. people  
29 go out to their communes, and have a couple of marijuana  
30 the Mounties  
plants around, and/hire these helicopters for \$500.



1 and go roaring out into the interior where no one  
2 lives, and not bothering anyone, and bust them up and  
3 throw them in jail.

4 They are trying to make a different  
5 kind of society. For trying something new they get  
6 thrown in jail, just because on the side they  
7 happen to smoke some grass.

8 THE CHAIRMAN: Gentleman at the  
9 microphone?

10 THE PUBLIC: I would like to try  
11 and clarify this issue of survival, according to the  
12 way I see it.

13 I think what was trying to be  
14 said was sort of a matter of, in our primitive exist-  
15 ence a lot of times maybe just trying to survive and  
16 get enough food and shelter is a major hassle, this  
17 is what you have to spend all of your time on, and  
18 maybe you don't have enough leisure to really enjoy  
19 yourself sometimes.

20 I don't right now, I have never  
21 lived that way, but this is if you want to go on to  
22 five acres of land and cut yourself off completely,  
23 I am sure you would have a very grubbing kind of  
24 existence maybe.

25 O.K., so I can see the point in  
26 technology to a certain extent, it makes things more  
27 efficient, you can produce what you need hopefully  
28 without having to go through all of this grubbing  
29 process, and you can get into a lot of other things,  
30 cultural things, you know, culture can't really develop



1 if you have to spend all your time, you know, grubbing  
2 in the dirt.

3 But what is happening here is  
4 that I think what this gentleman is saying is, it has  
5 gotten past this point where the production technology  
6 is away more than adequate to produce what we need  
7 with not everybody having to put in forty-eight hours  
8 a week, in order to achieve this; a lot less than that  
9 I think.

10 But the thing is, that that is  
11 not really seen as a goal. I mean this is obvious  
12 to me, it should be the goal to produce what people  
13 need, and, you know, maybe call it quits and go  
14 into something that, you know, maybe you enjoy.

15 But the goal has become sort  
16 of the profit thing, and the people that are producing,  
17 presumably for our needs, aren't producing for our  
18 needs, they are producing to make a profit, and they  
19 keep producing, and they keep producing and it is a  
20 way more than they need, but it is not what we need,  
21 and it is this sort of procedure, always trying to  
22 make the buck and expand everything that I think  
23 relates to the question of pollution. And it has  
24 gotten to the point where we are so good at surviving  
25 from the point of material production, that we are  
26 going away overboard and it is actually affecting  
27 our survival in another way, because it has gone so  
28 far, so far past our actual needs, and so far  
29 alienated from our actual needs that the production  
30 is sort of just going on for its own sake, and without





1 any, you know, sort of feedback as to its actual  
2 usefulness.

3  
4 That is all I have to say:

5 THE PUBLIC: Yes. I would just  
6 like to respond to Mr. Lehmann's earlier suggestion  
7 of the relationship between smoking marijuana and  
8 grades.

9 I quote from Dr. Joel Fort.

10  
11  
12 (Reference: Article by Dr. Joel Fort)

13  
14  
15 Do you understand?

16  
17  
18 THE CHAIRMAN: If we don't,  
19 we are in trouble.

20 THE PUBLIC: I would like to  
21 make a few comments, and the one is, there seems to  
22 be a very frightening statement that you made, that  
23 within ten years scientists have told us that we  
24 may be destroyed because of pollution.

25  
26 THE CHAIRMAN: No, no, excuse  
27 me. I shouldn't be making statements that are second-  
28 hand, but the statement that was made by me was this:  
29 Some have said that if we have not controlled our-  
30



1 selves better than we have now, within the next ten  
2 years we will be unable to cope with it, not that  
3 it will all come to an end in ten years.

4 THE PUBLIC: O.K. But the point  
5 I was trying to make, you can make a statement like  
6 that, or someone has made a statement like this, and  
7 it should be very frightening to the people in this  
8 room.

9 It is a type of thing that you  
10 get very upset about, if we don't do something we  
11 have only got ten years, and there probably won't  
12 be a very good ten years.

13 And yet most of the people in  
14 this room, in fact, I suspect all of them, will, you  
15 know, after this little talk will go on about their  
16 ways, and forget about it.

17 And why do they forget about it?  
18 Because you are taught to forget about these things,  
19 you are taught not to worry about them. It is sort  
20 of like the thing when you are in public school, or  
21 for me at least I thought, "Boy, it is shitty now,  
22 but when I get into high school then that's it."

23 I got into high school, and  
24 nothing really happened. And it still wasn't good.  
25 And I figured "That's it, university." There is  
26 where the big things are happening.

27 I got into university, and things  
28 really aren't any better here, and I can tell, you  
29 know, the people in this room, I think realize, or  
30 a lot of them do, when you get out of university





1 nothing is going to happen either, and you are  
2 always looking ahead, you are always ---

3 MR. STEIN: I really would like  
4 to make an observation on this.

5 If I could digress very briefly;  
6 for two years I worked for the Company of Young  
7 Canadians in this country, and I think one of the  
8 reasons that might be an explanation for why people  
9 in this room may forget about that problem, is that  
10 it is very difficult to take responsibility individu-  
11 ally, and go out and do something yourself about a  
12 social problem.

13 It is much easier to make obser-  
14 vations about what may, or may not be wrong with a  
15 particular system.

16 THE PUBLIC: Yes. If someone  
17 were to  
18 in this room/go and put up a poster and call a meeting  
19 and we are going to get out and organize and do some-  
20 thing about it, you wouldn't get very many people  
21 there.

22 Why? Why don't people care?  
23 And the problem is, it is not inane ---

24 MR. STEIN: I probably didn't  
25 -- I was trying to make a point, and I may have made  
26 it too briefly.

27 You are suggesting it is the  
28 result of schools, and systems, families and so forth  
29 that contribute to make people feel, maybe your  
30 implication is maybe they feel impotent to deal with  
problems.



1 I am suggesting that we have  
2 heard, and I have heard it again now, that I have  
3 been with the Commission, that from coast to coast  
4 there is tremendous concern expressed by young people  
5 about all kinds of social problems that they are aware  
6 of, university, education, pollution, you name it.

7 And then the next thing we hear--  
8 I speak for myself now; or that I often hear, that there  
9 is nothing they can do about it really because the  
10 system is all geared to making it impossible, and well,  
11 maybe the other thing is we might overthrow the system,  
12 whatever that may be, and then nothing really concrete  
13 in terms of specific planning.

14 And I was suggesting if any of  
15 you were interested, what one of the dilemmas with  
16 an organization like the Company of Young Canadians  
17 had been, or still is, is that many of the young  
18 people who came to work for the organization whom  
19 one would have thought were serious in their deep  
20 concern for their fellow man, didn't have the guts  
21 to get up in the morning and do something about it,  
22 because they would spend all night sitting in an arm-  
23 chair talking about it.

24 Perhaps I have gotten out of  
25 my role as a Commissioner here.

26 THE PUBLIC: Yes. And so I  
27 would ask you ---

28 THE CHAIRMAN: We took your  
29 testimony down.

30 THE PUBLIC: And then I ask you



1       why people aren't action oriented, and I would  
2       suggest to you that this is a learning process.

3                       That you -- well, you have, as  
4       most people live and spend their lives in this system,  
5       you are not action oriented.

6                       THE PUBLIC: They put reactionar-  
7       ies in jail. They shoot Black Panthers.

8                       THE PUBLIC: They put reaction-  
9       aries in Parliament.

10                      MR. CAMPBELL: I take it, the  
11       learning you are implying is a formal learning.

12                      I can't help but wonder to what  
13       extent, also the enormous feeling of inadequacy.

14       I    must    say,    I may be reading much of my own  
15       reaction into it, but if I looked at what the magni-  
16       tude, the fact of this international component, I  
17       must say that I feel totally inadequate to even know  
18       where to start to think about how one brings about  
19       the solution.

20                      THE PUBLIC: This is not a  
21       mistake." This is a type of a system that you are  
22       brought into that you are taught to overwhelm by  
23       technology.

24                      You are taught to forget; you  
25       are taught to ignore things because they are too  
26       great, the facts of life are too overwhelming, and  
27       that is B.S.

28                      THE CHAIRMAN: Who teaches you  
29       that, though?

30                      When you say you are taught ---





1 THE PUBLIC: I should say maybe  
2 socialized plus taught in a formal way, in school.

3 THE CHAIRMAN: Are you?

4 THE PUBLIC: That's right.

5 THE CHAIRMAN: Taught that you  
6 can't do anything about it?

7 THE PUBLIC: That's right.

8 THE PUBLIC: That's right.

9 THE PUBLIC: As soon as you  
10 get into public school, as soon as you are set in  
11 desks, if the kid wants to do something that is  
12 creative, or makes him happy, bang, you know, and  
13 you can shake your head and say, "Yeah, yeah, that's  
14 an old problem."

15 That's right, it is an old  
16 problem, but things don't get changed, and why? Because  
17 it is a big problem, or it is made out, or seems to  
18 be a big problem that no one can solve, and yet if  
19 people really did get off their asses, the thing  
20 could be solved very easily.

21 But it is always flouted around,  
22 "Well, I can't do anything by myself, and even if we  
23 try to do something we couldn't get anything done."  
24 And this type of ideology is pushed down on us, it is  
25 propaganda that is pushed out. It is not a mistake,  
26 it is not something that just happens, it is just  
27 there, and it is put there.

28 THE PUBLIC: I think we are  
29 taught to think and not to feel, and what I learned  
30 in trying to step out of my background is, you can't



1       feel it, and I have something better for competition,  
2       just feeling good, and playing that out.

3                       MR. CAMPBELL:   Isn't it a case  
4       that if we take in some of these problems, feelings  
5       are totally irrelevant?

6                       It doesn't matter how one feels,  
7       that will not solve the problem.

8                       THE PUBLIC:   I think that is ---

9                       MR. CAMPBELL:   That is a cold,  
10      rational thing, that I suppose to be, and will be  
11      the exercise of power.

12                      THE PUBLIC:   You can only secure  
13      things that you feel, and the pollution thing is only  
14      going to be solved when people get scared enough to  
15      do something about it.

16                      MR. CAMPBELL:   I agree with you  
17      in that sense, the people must feel a terror and an  
18      enormous anxiety.   The only point I am trying to make  
19      is the solution I suspect will have to be very coldly  
20      rational, carefully planned movement against the  
21      pollution.

22                      THE PUBLIC:   But that pollution  
23      can't even be considered before people realize ---

24                      THE CHAIRMAN:   The concern ---

25                      THE PUBLIC:   Feeling isn't an  
26      irrational thing.

27                      MR. CAMPBELL:   Not necessarily.  
28      It can be.

29                      THE PUBLIC:   There are a couple  
30      of comments I would like to make:   I don't really





1 know what is going on in society, but I know this  
2 much, that we are developing a technological ego.  
3 Everyone is sitting there working towards productivity.  
4 You are sitting there talking about understanding.

5                   Scientists say we can't change  
6 the system unless we have understanding. Well you  
7 come here and you ask us, what are the positive  
8 things about marijuana, you know, what can we do,  
9 what can the system use in marijuana, what can it do  
10 to present an opiate to people?

11                   Here's one thing it can do: When  
12 a person takes grass he feels really good, and that  
13 is lessening the anxiety within society. There is  
14 your positive thing about marijuana.

15                   But I would also say that if  
16 you make it legalized, you are putting down people,  
17 you are co-opting them, you are saying, "Here, you  
18 can use this kind of thing, you can use marijuana,  
19 but don't cause revolutions."

20                   And you want to talk about  
21 feeling. I mean, my god, how can you sit there and  
22 say you are going to find a solution without feeling.

23                   MR. STEIN: What is your  
24 recommendation then?

25                   THE PUBLIC: That is sitting  
26 there, and like saying "Let's deal with humans without  
27 knowing what they want to do."

28                   And I want to say another thing,  
29 I am in the educational system, and if you want to  
30 talk about technological ego, the whole thing is based



1 on the fact that you learn in school so you can sit  
2 there and you can draw together information and put  
3 your whole personality into the marketing society,  
4 and say, "How much money are you going to give me, sir?"

5 MR. CAMPBELL: You are obviously  
6 quite right, but I don't think you can say totally.

7 For many people, I agree with  
8 you, the technological ego.

9 THE PUBLIC: That is the whole  
10 problem. For some people I can say this, but for  
11 other people I can't say this, and the "other people"  
12 are in power.

13 MR. STEIN: I just wanted to  
14 know if you were ever involved in attempting to elect  
15 other people, presumably those you were in accord  
16 with, to the present elected positions that are  
17 available, or do you see that as your role?

18 THE PUBLIC: Let's not be  
19 naive.

20 MR. STEIN: What is the alternative?  
21 What is the real alternative; not the theoretical,  
22 verbal, four-in-the-morning, sitting and talking about  
23 the system is bad. What is the real alternative?

24 THE PUBLIC: Armed struggle.

25 THE PUBLIC: That's right.

26 MR. STEIN: Is that what you  
27 are involved in? Is that what you are involved in?

28 THE PUBLIC: Am I involved in  
29 it?

30 No.



1 THE PUBLIC: Not yet.

2 MR. STEIN: Just to be clear on  
3 that, what I hear you saying is, "I am not going to  
4 do anything, so that the situation can build to a  
5 point where the only solution would be armed struggle."

6 THE PUBLIC: I mean, you want  
7 to reform things so that they can keep dragging on  
8 so that we can keep existing.

9 MR. STEIN: Of course that comes  
10 to the crux of it, doesn't it?

11 Some people would say every  
12 radical movement is merely the re-creation of the  
13 very same political system, only in a new form.

14 THE PUBLIC: Yes, and those  
15 people are in power.

16 MR. STEIN: And other people  
17 would say reform is the only radical movement possible.

18 THE PUBLIC: And those people  
19 are in power.

20 THE PUBLIC: I think the questions  
21 the Commissioners are asking is, "What happens after  
22 the armed struggle, what kind of system do you want  
23 to see after the armed struggle?"

24 What are you going to replace  
25 the structure with?

26 THE PUBLIC: That kind of thing  
27 grows out of the struggle, you know, that is one  
28 question that really burns my ass, that you have to  
29 have, you know, the blueprint laid out and show it  
30 to people, and sell it to people, and then give them





1 the guns and then they will go out and do it.

2 Those things don't happen. The  
3 system that comes out of that comes out of the people  
4 that are involved in that struggle, and that's the  
5 way the things happen.

6 It doesn't happen, you know, like  
7 industries program the revolution in Greece, and they  
8 set it up in a computer form, and they found out which  
9 people to arrest, and which buildings to occupy and  
10 what to do, and that's what happened in the last  
11 revolution in Greece.

12 That isn't what a people's armed  
13 struggle is about. It is about a real revolution and  
14 about people building a society as they go along.

15 THE PUBLIC: I think we have  
16 this paradoxical problem that we are going to destroy  
17 our environment by pollution, or starve ourselves out,  
18 but we are also in a state in North America where we  
19 could release half our labour force.

20 Scientists also predict this.  
21 Now my experience with marijuana, it has always  
22 improved my sensification and communication, and I  
23 think to get out of this problem we have to change,  
24 and I think this is what more or less people are  
25 saying, we have to change our position of competition  
26 to one of co-operation, and I think the value of  
27 marijuana is that it is going to help people adjust  
28 to this change, both from the competition and the  
29 co-operation, and I think the best way is to legalize  
30 marijuana, and we might possibly avoid more dynamic



1 and more extreme solutions.

2 MR. STEIN: So what is the  
3 relationship of co-operation and armed struggle?

4 THE PUBLIC: The revolution.

5 It is an alternative.

6 MR. STEIN: You are suggesting  
7 it is an alternative, but the others in the room are  
8 saying that is no alternative at all, we just will  
9 bide our time until just such time, and if everyone  
10 agrees with this, then it is an armed struggle for  
11 anyone.

12 THE PUBLIC: I think what people  
13 are saying ---

14 MR. STEIN: Some have said it.

15 THE PUBLIC: It doesn't matter,  
16 no matter what happens, when two people attempt to  
17 co-operate there are always things that are interfering  
18 with them.

19 For instance if I want to make  
20 friends with someone on a very mundane level there  
21 are things that this person, in his personality, that  
22 I have to get used to.

23 What happens if I try and get  
24 as many people in this society to co-operate, and to  
25 become as integrated as possible towards one goal  
26 which is meaningful? There are people who are sitting  
27 back that have the manipulation that can destroy  
28 that, so co-operation -- and are obviously not opposite  
29 and obviously not complimentary, and so there are  
30 people that have to, it is their purpose to destroy





1 co-operation, it is their purpose to make sure people  
2 don't orient themselves toward a meaningful goal.

3 Those people need the devices of  
4 society and they need the inaction, and they need the  
5 apathy of people in order to govern them, and in order  
6 to make profits.

7 They need people not to know about  
8 pollution, or not to be concerned about it, or not  
9 to act on pollution, because that means they are going  
10 to have to make better cars, make better factories,  
11 that means they are going to have to start putting  
12 mufflers on their cars, that means they are going to  
13 have to start fixing up the school system.

14 THE PUBLIC: Once more, they are  
15 going to charge us.

16 THE PUBLIC: Oh yes, sure, if we  
17 try to reform and they don't even listen to us. We  
18 have had a black and white issue on marijuana for  
19 six years now, it has been a problem. Black and  
20 white. There is no problem, but what is going to  
21 happen is we are going to get a lot of hunkie state-  
22 ments from Trudeau, saying, "Well, we can't legalize  
23 it, but we may cut down the penalties."

24 MR. STEIN: You don't want it  
25 legalized at the same time.

26 THE PUBLIC: Wait a minute. You  
27 are trying to say I am equating a social revolt.

28 MR. STEIN: You are saying on  
29 the one hand if it is legalized, and your friend at  
30 the back said people will be co-opted and they will



1 be all well to use the drug, and they won't go on  
2 to the real armed revolt.

3 On the other hand you are saying  
4 that you guys, if you don't legalize it, then there  
5 is going to be an armed revolt, you are saying this.

6 THE PUBLIC: There is going to  
7 be one anyway.

8 THE PUBLIC: What I am telling  
9 you is ---

10 THE PUBLIC: Anyway you are  
11 going to get it.

12 THE CHAIRMAN: On that friendly  
13 and co-operative note, we will adjourn.

14

15 --- Upon adjourning at 2:20 P.M.

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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

April 9, 1970  
Hotel Saskatchewan  
REGINA, Saskatchewan



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COMMISSION OF INQUIRY  
INTO THE  
NON-MECICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

|                      |                      |
|----------------------|----------------------|
| Gerald LeDain,       | Chairman,            |
| Ian Campbell,        | Member,              |
| H. E. Lehmann, M.D., | Member,              |
| James J. Moore,      | Executive Secretary, |
| J. Peter Stein,      | Member.              |

RESEARCH:

Dr. Charles Farmilo.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

April 9, 1970  
Hotel Saskatchewan  
REGINA, Saskatchewan

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1 ---Upon commencing at 10:00 a.m.

2 THE CHAIRMAN: Ladies and  
3 gentlemen I call this hearing of the Commission of  
4 Inquiry into the Non-Medical Use of Drugs to order.  
5 I would like first to introduce to you the members of  
6 the Commission and the staff who are present here  
7 today. On my far right, Dean Ian Campbell of Montreal,  
8 on my immediate right, Dr. Heinz Lehmann of Montreal.  
9 I am Gerald Le Dain and on my left, James J. Moore,  
10 Executive Secretary of the Commission and on Mr.  
11 Moore's left, J. Peter Stein of Vancouver. We regret  
12 that the other member of the Commission, Professor  
13 Marie Andree Bertrand is unable to be with us during  
14 these hearings.

15 I should like now to read a  
16 statement to indicate the background of the Commis-  
17 sion's appointment and its terms of reference and give  
18 some ideas of the way in which it interprets its task.

19 The Commission of Inquiry Into  
20 the Non-Medical Use of Drugs was appointed by the  
21 federal government on May 29th last year, upon the  
22 recommendation of the Hon. John Munro, Minister of  
23 National Health and Welfare.

24 The Commission has an independent  
25 status under Part 1 of the Inquiries Act.

26 The concern which gave rise to  
27 the appointment of the Commission is described in  
28 Order in Council which authorized the appointment in  
29 the following words:  
30





1 There is growing concern in Canada about the  
2 non-medical use of certain drugs and substances,  
3 particularly those having sedative, stimulant,  
4 tranquilizing or hallucinogenic properties, and the  
5 effect of such use on the individual and the social  
6 implications thereof; ...within recent years, there  
7 has developed also the practice of inhaling of the  
8 fumes of certain solvents having an hallucinogenic  
9 effect, and resulting in serious physical damage  
10 and a number of deaths, such solvents being found in  
11 certain household substances. Despite warnings  
12 and considerable publicity, this practice has developed  
13 among young people and can be said to be related to  
14 the use of drugs for other than medical purposes;  
15 certain of these drugs and substances, including  
16 lysergic acid diethylamide, LSD, methamphetamines,  
17 commonly referred to as "Speed", and certain others,  
18 have been made the subject of controlling or  
19 prohibiting legislation under the Food and Drugs Act,  
20 and cannabis, marijuana, has been a substance, the  
21 possession of or trafficking in which has been prohibited  
22 under the Narcotic Control Act. Notwithstanding  
23 these measures and the competent enforcement thereof  
24 by the R.C.M. Police and other enforcement bodies,  
25 the incidents of possession and use of these substances  
26 for non-medical purposes, has increased and the  
27 need for an investigation as to the cause of such  
28 increasing use has become imperative."

29 In announcing the Commission's  
30 appointment, the Minister of National Health and



1 Welfare spoke of the grave concern felt by the  
2 government at the expanding proportions of the use  
3 of drugs and related substances for non-medical pur-  
4 poses.

5 The terms of reference defining  
6 the Commission's inquiry into the non-medical use  
7 of psychotropic drugs and substances mention sedatives,  
8 stimulants, tranquilizers and hallucinogens.

9 For the present, the Commission  
10 understands "drug" to mean any substance which  
11 chemically alters structure or function in the living  
12 organism, and "psychotropic" drugs as those which  
13 alter sensation, feeling, consciousness and psycho-  
14 logical or behavioural functions. The Commission has  
15 tentatively defined "medical use" in terms of  
16 generally accepted medical practice --under medical  
17 supervision or not. All other use is "non-medical  
18 use".

19 By itself, a prescription does  
20 not distinguish medical from non-medical use. A  
21 non-prescription drug like aspirin may be taken for  
22 medical use. Or a prescription drug may be taken  
23 for generally accepted medical reasons, then no  
24 longer required.

25 The Commission is invited by  
26 its terms of reference to "marshal...the present fund  
27 of knowledge concerning the non-medical use of  
28 sedative, stimulant, tranquilizing, hallucinogenic  
29 and other psychotropic drugs or substances."

30 But since an interim report



1 is expected within six months and a final report  
2 within two years, the Commission will have to be  
3 selective.

4 It must consider what appears  
5 to be the principal issues which led to its  
6 appointment.

7 The Commission has the initial  
8 impression that its primary focus must be on the  
9 non-medical use of drugs by the young and by adults  
10 as it relates to or affects the use of drugs by  
11 youth.

12 The Commission has drawn up a  
13 preliminary classification of psychoactive  
14 drugs, which falls into the following eight categories:  
15 hypnotics-sedatives; stimulants; psychedelic-  
16 hallucinogenics; opiates-narcotics; volatile solvents  
17 and gases; analgesics (non-narcotic painkillers);  
18 clinical anti-depressants; and major tranquilizers.

19 The Commission sees its  
20 primary emphasis on the following categories:

21 1. The psychedelic-hallucino-  
22 genic, which includes cannabis (marijuana and  
23 hashish), LSD and mescaline and the other "restricted  
24 drugs" placed under the new schedule J of the Food  
25 and Drugs Act: DMT, STP (DOM), and DET. Secondly,  
26 the stimulants, including such amphetamines as  
27 benzadrine and methadrine-- generally referred to as  
28 "speed";

29 Thirdly, the volatile solvents and  
30 gases -- often referred to as "delirients", such





1 as glue, nailpolish remover, and paint thinner;

2 Fourthly, the sedatives-  
3 hypnotics, such as the barbiturates (used as sleeping  
4 pills), the minor tranquillizers, and ethyl alcohol;

5 Fifthly, the opiate-narcotics,  
6 such as heroin.

7 Alcohol and nicotine are  
8 clearly mood-modifying drugs used for non-medical  
9 reasons and therefore within the terms of reference.  
10 However, the Commission could not possibly perform  
11 its task if it were required to consider the exten-  
12 sive research carried out on these substances. A  
13 realistic view compels the Commission to regard the  
14 non-medical use of alcohol and nicotine in their  
15 relation to the non-medical use of other psychotropic  
16 drugs. This is also the Commission's position, at  
17 least initially, on the non-medical use of the opiate-  
18 narcotics, such as heroin.

19 These so-called "hard drugs"  
20 are not excluded from the terms of reference, because  
21 they do have psychotropic properties. But as with  
22 alcohol and nicotine, the Commission cannot hope  
23 to do justice to the extensive literature on the  
24 subject. The "hard drugs" are therefore to be  
25 examined in their possible relationship to the non-  
26 medical use of the "soft drugs."

27 Two contentions brought to the  
28 Commission's attention may illustrate what is  
29  
30



1       meant by "relationship" to the non-medical use of  
2       soft drugs.

3                       The first contention is that  
4       extensive social use of alcohol not only creates  
5       a permissive climate of drug use, but also reflects  
6       a provocative injustice and even hypocrisy is our  
7       legislative and law enforcement attitudes. The  
8       second contention is that the use of certain soft  
9       drugs like cannabis (marijuana) leads very often if  
10      not generally, to hard drug addiction.

11                      What are the issues in this in-  
12      quiry?   The Commission must investigate the extent  
13      of the non-medical use of mood-modifying drugs in  
14      Canada. That means the pattern of drug use; the  
15      drugs and various groups or populations involved,  
16      according to age, occupation, etc; the movement from  
17      one drug to another.

18                      The Commission must investigate  
19      physical and psychological effects of these drugs,  
20      effects on behaviour of the individual concerned,  
21      effects on others, and effects on society. Finally,  
22      and by no means least important, the Commission must  
23      investigate the reasons for the non-medical use of  
24      drugs -- not only the personal reasons or motivation  
25      but the social, educational, economic, philosophic  
26      and other reasons. In other words, what is the  
27      meaning or larger significance of this phenomenon?  
28      What is the true nature of the challenge it presents  
29      to our civilization?

30                      We have accepted a very difficult



1 task and we need your help. It is imperative that  
2 we have the views of as many Canadians as possible.  
3 This is not solely a technical question for experts;  
4 it is a broad social issue, going to the very nature  
5 of human existence in our time.

6 I would like to say just a few  
7 words about our method of procedure. We hold public  
8 hearings, of course, is only one means of our inquiry  
9 and we hold private hearings, and anyone who would  
10 like to give testimony to us in private, we welcome  
11 them and we reserve some time at the end of our  
12 public session for that purpose. We are empowered  
13 to take testimony anonymously, withholding identity  
14 of the person who would make submission to us. Of  
15 course, we cannot do that in the public hearings we  
16 do not expect people to identify themselves, and we  
17 do not seek specific details of their experience  
18 but more of general understanding, both lay and  
19 expert.

20 We have formal submissions which  
21 are scheduled and at the conclusion of these  
22 submissions we offer an opportunity for questions and  
23 comments both by the Commissioners and by others who  
24 are present. Some have objected to this procedure,  
25 but on the whole it has been our experience across  
26 Canada that it has been felt to be a good and sound  
27 procedure and it has offered the people a chance to  
28 express views and to exchange views with people who  
29 have special responsibility in the field. And so we  
30 continue in this style, and form, in the conviction  
that it is a necessary and desirable procedure and





particularly in the nature of these issues we have to have a discussion of the decisions which have to be made, their true nature and it is our conviction that at the root of this issue are profound moral decisions to be made for which we all have to accept responsibility. So we see it as our duty to have as wide and open and free a canvas of the issues as possible. As I say, we welcome participation from all the members here not only in a written formal submission but if there is something that you would like to say, either at the conclusion of this formal submission or at any other time, we will hear from you and have the benefit of your views.

And now, I should like to call on Dr. Sol Cohen and Mr. Peter Bennett who represent New Approaches to Drug Abuse and the Alcoholism Commission. Dr. Cohen and Mr. Bennett if you would like to be seated at the table over there.

This particular presentation is sponsored by a group of local citizens under the heading of NADA which is New Approaches to Drug Abuse, and it was created last year in June, as a result of the rising concern on the part of the local citizens about the drug problem in this area. I believe that the brief has been sent into you last fall and that there are copies that every member has. Basically what I will do today then, is simply outline a few of the points that were



made at the end and just review our conclusion.  
Certainly we have got a large people problem as well as a drug problem. We feel that the culture of today emphasizes leisure and encourages most everybody to pop a pill for anything that hurts. When we start looking around, it is not the young people themselves, who are the major source of the non-medical use of the major drugs in our society. The so called establishment people, which we feel are those people born before 1939, are involved in a snowballing drug problem are deeply rooted in the undercurrents in our modern North American life; and I think people are continually switching from drug to drug looking for a magical or chemical solution when they have not the capacity to cope with life. Now, it would appear, that there are double standards when people start looking, at whether you call a drug a drug, or whether you call it a medicine. For example, in our double standards, in our culture, it depends on who is using it. In an adult, for example, they are using the diet pills, the amphetamine products, and this is called medicine; but when the kids are using it, it is called speed. When you are talking about the sleeping pills in our establishment, this is a medicine. When the kids are using it, it is called the "barbs" or "downers". There is a definite relationship according to what group you are in, as to whether you call it a drug or whether you call it a medicine in many cases. The same thing applies.



1 in alcohol drug-dependency. A person on skid row is  
2 called an alcoholic, but when you come to a person in  
3 the higher economic brackets, he is called a problem  
4 drinker. When you come to a person on the street  
5 who is using the various drugs in a very low economic  
6 bracket he is called a junkie, and he may be using  
7 the very same drugs that the housewife is using, and  
8 she is nowhere near this bracket in the minds of the  
9 public.

10 Now, I feel the establishment  
11 is pointing its finger away from itself towards the  
12 kids and I think this to me indicates a reluctance  
13 to accept the responsibility of what we in the  
14 establishment have created among our younger people,  
15 as far as the drug culture, or a development of the  
16 drug culture. Now, we feel that the general feeling  
17 expressed by many people who are attempting to take  
18 a look at the problem, has been far too emotional  
19 and the community response wherever we have talked  
20 to people has been way out of hand. It has been  
21 very difficult to develop any adequate or realistic  
22 approach because of the emotions involved. We feel  
23 after looking it over, in our organization, NADA, that  
24 there are two target areas of study, and action. One  
25 of course, is to attempt to understand the moti-  
26 vational needs of the individuals who are involved  
27 in the non-medical use of drugs along with the basic  
28 factual understanding of the drugs themselves. And  
29 there have been gross discrepancies in understanding  
30 these basic drugs themselves, not





1 only legally, but also from the medical point of  
2 view. Now, we feel that there have been various  
3 credibility gaps that have developed between our  
4 so-called "now" generation and the establishment  
5 among our law enforcement people who for years  
6 have been following what has been laid down,  
7 in the medical and the legal wisdom of people  
8 thirty years ago, placing a drug such as marijuana  
9 in the narcotic group.

10 We feel that this placement  
11 is an erroneous placement. We feel that it should  
12 be placed in a different group, or classification.  
13 We feel that it belongs somewhere between marijuana  
14 as a drug belongs somewhere between alcohol and  
15 the amphetamines, somewhere in that area, but  
16 definitely not placed in the narcotic section of  
17 the criminal law. We feel, that there is a tremen-  
18 dous number of discrepancies, as far as sentencing  
19 of the young people is concerned, varying in the  
20 Province from one court to another along with  
21 the basic facts that the police tend to be extremely  
22 hard and strict on the young drug user based on the  
23 facts that the drug is placed in the narcotic section  
24 of the law. Now the young people question the  
25 sincerity of the society, that on the one hand,  
26 makes such drugs as alcohol, amphetamines and  
27 barbiturates legal for the establishment, who  
28 may show many signs of abusing it, and then, on  
29 the other hand, are very tough on the young person  
30 who becomes involved with these drugs.



Now, in our Western World, alcohol still is the most widely used and the most easily obtainable and highly acceptable, mood altering drug. Irresponsible use of alcohol has killed more people, sent more people to the hospital generated more public arrest, involved more social welfare cases through broken marriages and homes and cost industry more money than the combined misuse of heroin, morphine, mescaline, amphetamines, barbiturates, LSD and pot, all put together. But, as you can see today, the press has generally overdone the accent on the giving a lot of press coverage to these drugs, the modern drugs, the so-called "pop" drugs in comparison to the scant minimal amount of coverage on alcohol misuse in our society.

Now the next area we looked at, of course, was education, and we felt that in education there was far too much emphasis placed on the material which has been steeped in the traditional scare technique, accenting the drugs and the dire consequences -- again too much accent on drugs and not enough accent on people. The other gap that has been present in our communication system is between the physicians and the young people involved. We found many times, that young people involved with drugs were frightened to come forward and seek help from their physicians, because they were afraid of the legal consequences of doing so. Now, we asked ourselves two basic questions, as to what type of action patterns can we carry out



1 in our own community and where in the community are  
2 the resource teams which can be -- which are equipped  
3 or can be equipped to do the job. Now we feel that  
4 each province in Canada should be able to develop an  
5 agency to provide a major co-ordinating role in the  
6 drug use problem area. Two examples of existing  
7 agencies in our own province as in other provinces,  
8 we have an alcoholism program developed, and because  
9 our drug dependency problem, dependency on alcohol  
10 is the number 1 problem, I would feel that-- NADA,  
11 the members of our committee feel that we should look  
12 at the possibility of developing closer cohesion in  
13 our programming for both alcohol and other drug  
14 dependencies. Personally, I would like to see the  
15 term "alcoholism" removed, and we should look at  
16 the term drug dependency alcohol, just as we look  
17 on drug dependency heroin, drug dependency barbitols  
18 drug dependency amphetamines, and do away with the  
19 old term of "alcoholism" and have a program designed  
20 to deal with dependency problems.

21 The second group that developed  
22 in our response to drug concern in our society  
23 hopefully was this organization, NADA, The New  
24 Approaches to Drug Abuse, and the group of 62 citizens  
25 who sign it would attempt to do something about the  
26 problem, and basically it was a matter of putting  
27 together the heads of people from different  
28 community resource teams in an attempt to put  
29  
30





1 together the various fragmented facts and myths,  
2 fallacies that went into the various drug education  
3 programs coming into our particular city and  
4 province and trying to straighten them out and  
5 co-ordinate them to the best of our ability.

6 We also felt that there was an immediate need for  
7 young people who were involved with sentencing.

8 We wanted to give the Magistrate an opportunity  
9 to afford a young person treatment rather than

10 a prison sentence, because, in many cases, we feel

11 that the sentencing for a drug such as marijuana

12 may be more traumatic in the long run, than the

13 actual long-term use of the drug itself. So we

14 felt that we would try to develop some local

15 effort of foster homes, and things along this line,

16 to meet the needs of these people and develop a

17 program for them. As a result of lack of proper

18 funds, this project did not develop for more than

19 about three and a half months in that direction,

20 and then it folded up, so again we are looking

21 for the funds and sources in order to redevelop

22 this particular concept.  
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1 In the school system we feel  
2 that there should be a more rational way of approach-  
3 ing the drug abuse problem in the schools, developing  
4 what is known as an ombudsman approach where there is  
5 one particular counsellor or guidance counsellor in  
6 the school with whom the young people have a consider-  
7 rapport, to whom they could go at a time of need  
8 without fear of being reported to legal authorities.  
9 This entire ombudsman approach was outlined in the  
10 brief.

11 Now, as far as drug classifi-  
12 cation, we feel that it is essential to have a  
13 special advisory committee regularly review the  
14 classification of drugs and follow a careful  
15 analysis of current research, reclassify the drugs  
16 in more specific areas as to their respective  
17 ability to produce psychic and physical dependence.

18 Now, the one other thing that  
19 we at NADA were concerned about was that there are  
20 certain problem areas that should be reviewed among  
21 three groups dealing with drugs in every community.  
22 That is the physician group, the druggist group and  
23 the pharmaceutical manufacturing group.

24 My personal opinion as to the  
25 position on drugs like amphetamines and barbiturates  
26 is that we in the medical field should have a good  
27 look as to whether we need these drugs in our medical  
28 armamentarium at this point in our medical experience.  
29 I believe the dangers of these drugs at this time  
30 greatly outweigh their advantages and it may be  
that there may be specific areas where barbiturates may



1 be maintained for such things as anti-convulsant  
2 and anti-asthmatic therapy, but certainly their holus -  
3 bolus use in medical practice should be restricted.

4 Now, the other area we were  
5 looking at was the mailing of drug samples by  
6 pharmaceutical houses out to various physicians  
7 without the physician's signature, and we feel again  
8 that this is an area that creates a tremendous amount  
9 of material all over our country, and many times  
10 these samples are not too well protected , and I feel  
11 that the sampling should be illegal unless requested  
12 in writing by the physician.

13 Now, as far as the druggist  
14 area is concerned, the pharmaceutical association  
15 is attempting to look at various areas in which the  
16 over-the-counter drugs, the drugs obtained without  
17 a prescription, can be maintained under greater  
18 security. There are various suggestions about  
19 bringing to the attention of the doctor concerned  
20 the overuse of the legal prescriptions that are  
21 written. So there are two or three problem areas  
22 that will have to be sorted out in these particular  
23 critical drug dispensing areas.

24 In conclusion, this brief  
25 points out a need for a major co-ordinating agency  
26 in each province. Whether it is part and parcel of  
27 an alcohol program is open to debate. We feel, in  
28 our province, that it should be part and parcel of  
29 an alcoholism program. We feel that this major  
30 co-ordinating agency should develop a plan to involve





1 a realistic approach to the drug problem by an  
2 operation in the community of parents, schools,  
3 churches, governments, law enforcement agencies, and  
4 professional people. We would like to see this  
5 agency integrate citizens' groups such as we have in  
6 NADA, along with service club organizations such as  
7 you have in the Kiwanis group, the so-called drug  
8 alert program, Operation Drug Alert, and we would like  
9 to see this all integrated within an over-all provin-  
10 cial program mobilizing as teams in the community  
11 in each province.

12 Incidentally, one of the  
13 projects that NADA is engaged in at the present time  
14 is the creation of the Drug Crisis Intervention Team,  
15 which is available to meet any crisis which may  
16 develop by a person using a drug, and is subject to  
17 24 hour call. At the present time, we have set this  
18 up on a 48 hour basis on weekends for a three month  
19 trial period, and we hope to initiate at least six  
20 other teams so that we can cover the seven days in  
21 a week, especially during the summer months when we  
22 feel that this problem will increase.

23 Now, we feel also that as far  
24 as the law stands on marijuana, we feel definitely  
25 that marijuana should be placed in a different  
26 category in our drug classification and in the legal  
27 classification. We do not believe that marijuana  
28 should be legalized at this time. We feel that  
29 marijuana, the penalty for marijuana should be reduced  
30 and we go along with the misdemeanor offence as brought



1 up before in presentations to the Commission.

2 We feel that an Advisory  
3 Committee on drug dependence should be created at  
4 a federal-provincial level in order to establish  
5 these major co-ordinating agencies throughout each  
6 province. The terms of reference of these co-ordina-  
7 ting agencies would then be to provide organizational  
8 management and control guidelines for administration  
9 for drug dependency programs combining alcohol and  
10 drugs, in each province. We would seek federal  
11 cost sharing on this type of project.

12 We would like to see the  
13 development of standards and essential program  
14 elements for prevention and treatment services, and  
15 we would like to see model programs developed to meet  
16 the drug problem which would involve the Crisis In-  
17 tervention Team, the walk-in clinic, the short state  
18 crisis area, in-patient facilities, long stay hospital  
19 units, half-way houses, group foster homes, and  
20 special facilities for the users of heroin and  
21 morphine.

22 We would like to develop  
23 dynamic educational and informational programs for  
24 general and specific target groups, and we would  
25 like to develop these program models and standards  
26 for the drug dependent person in a residential type  
27 of facility rather than the old style institutional  
28 type of facility.

29 This report is respectfully  
30 submitted for your consideration.



1 THE CHAIRMAN: Thank you very  
2 much, Dr. Cohen. Would Mr. Bennett care to add  
3 anything?

4 MR. BENNETT: If I might, I  
5 would like to say a few words.

6 My concern in relation with  
7 the drug problem, if we can call it that, is as a health  
8 educator, and I would like to submit the following  
9 recommendations to the Commission, for consideration

10 First of all, I would like to  
11 see us develop the concept of health education that  
12 goes beyond purely the idea of alleviating the disease,  
13 but rather it will strive for the integrating of the  
14 physical, mental and social aspects of the community  
15 that will amount to an individual being able to  
16 achieve his optimum well-being. If we have this as  
17 a goal for health education, then this means that we  
18 have to get away from drug education per se and get  
19 into the area of increasing an individual social and  
20 psychological effectiveness in this community.

21 It means, therefore, that any  
22 effective curriculum in the area of health instruction  
23 should spend only a very small amount of time on  
24 drugs per se and concentrate on the world that the  
25 individual finds himself involved in. In other words,  
26 any effective health instruction program is going  
27 to, first of all, have to develop the concept of a  
28 learner that is real, the concept that the learner  
29 is going to have to admit the fact that the world  
30 has now become his classroom. In other words, the





1 classroom is not his sole learning situation, and  
2 thus what annoys us and gets us upset about the  
3 present physical structure of the learning is going  
4 to have to be re-evaluated in such a way that the  
5 learner is going to be in his community and possibly  
6 going right across this country in order to learn.

7 Thus, the concept of the  
8 learner is that he is interactive. His reality will  
9 come from interaction between himself and his

10 environment. Secondly, he has to develop  
11 a learning theory that goes beyond the earlier concepts  
12 of faculty psychology and get into the area of field  
13 learning where once again we try to set up learning  
14 situations that will enable an individual to parti-  
15 cipate in the experience rather than simply be pumped  
16 full of information.

17 We have established the  
18 following instructional objectives for our educational  
19 program, and I would like to share these with the  
20 Commission.

21 One, to stimulate an interest  
22 in considering the present use of alcohol and other  
23 chemical substances by our society. I feel that  
24 educators have a real challenge to simply get adults  
25 to sit down and even look at the phenomena.

26 Secondly, to provide a  
27 foundation of knowledge -- you will notice I didn't  
28 say a biased factual foundation because I don't know  
29 what that means -- to provide a foundation of knowl-  
30 edge for consideration of present use of alcohol and



1 drugs by people.

2 Third, to provide learning  
3 situations for the development of social skills.

4 Four, to increase the indivi-  
5 duals's effectiveness in applying these skills so as  
6 to prevent the misuse of alcohol and other chemical  
7 substances.

8 And five, to consider with the  
9 public the concept of an alternative to the use of  
10 alcohol and harmful substances.

11 Now, we feel that the school  
12 is definitely going to be involved in a health  
13 education program and we feel that no matter what  
14 the rulings or the findings of the LeDain Commission  
15 are going to be, that the health educator will be  
16 involved in this educational aspect of the program.

17 And thus we see as a number  
18 one target area for consideration, the area of  
19 teacher preparation itself. In other words, in  
20 working with the school boards, we have come to the  
21 conclusion that some of the assumptions that the  
22 schools make regarding the most effective communi-  
23 cators in the school just don't seem to be borne  
24 out by the actual interview in the student population.  
25 In other words, the truth of the matter is that the  
26 French teacher could very well be the most effective  
27 guidance counsellor in the school although he may  
28 not be paid to do so.

29 The next aspect we are  
30 interested in is that every school should



1 develop a resource team on youth problems in the  
2 province and that this committee should be free of  
3 the administration to recommend and be free to in-  
4 vestigate or search or gather information as it feels  
5 necessary in order to recommend to the administration  
6 of the school the policy that would be most effective  
7 in terms of developing a learning situation in that  
8 school.

9 We feel that something has got  
10 to be done to bridge the gap between the parent and  
11 the school. There is no doubt about it that a  
12 large amount of anxiety that the parent has towards  
13 the so-called drug phenomena is really based on the  
14 anxiety that he has in the whole experience that his  
15 youngster has in terms of developing as a human being.  
16 And therefore, if there was a better relationship  
17 between the school and the parent, this would possibly  
18 facilitate and increase understanding and willingness  
19 on behalf of the parent to look at other possibilities  
20 in terms of the developing of his youngster.

21 We feel that we have got to  
22 have an integrated curriculum in the school. In other  
23 words, we are strongly against the idea of block  
24 health education where the teacher comes in with  
25 twenty-five charts loaded with statistics and decides  
26 to lay a strip on the back of the grade nine students  
27 about drugs and then that is the end about drugs for  
28 the year. Rather, we would like to see a completely  
29 integrated approach in the curriculum, that in the  
30 grade nine, ten, eleven and twelve literature program





1 would be a wide amount of reading that would focus  
2 on discussion and interchange ideas among young  
3 people, and we feel that the mathematics course could  
4 involve some mathematics that could possibly be  
5 applied in looking at the data that is presently  
6 available regarding drugs, and we would like to see  
7 some of the science departments begin to expose  
8 young students to the tremendous difficulty involved  
9 in true, honest research, not where you go looking  
10 for statistics of chromosomal damage, but rather  
11 where you have that very difficult problem of trying  
12 to come up with distinguishing characteristics of  
13 cause and effect and in various relationships and  
14 field studies, and this kind of thing.

15 In conclusion, I would like  
16 to close with a little quotation, and this is a book  
17 by deRopp. It is called "The Master Game", and he  
18 concludes in a quotation: "What people really need  
19 is a game worth playing."

20 Thank you.

21 THE CHAIRMAN: Thank you, Mr.  
22 Bennett.

23 Dr. Cohen, I was wondering if  
24 you could explain a little more what you understand  
25 by the "ombudsman" approach to drug education in the  
26 schools. How would that work?

27 DR. COHEN: Well, at the  
28 present time, when a young person has been discovered  
29 to be breaking the law, he is usually segregated and  
30 a penal approach is applied. What we would like to  
see is a guidance program adopted in the school which



1 would involve school guidance counsellors, adminis-  
2 trators and volunteer teachers who have been effective  
3 in good rapport with teenagers.

4 Now, in many cases the person  
5 who would be the ombudsman figure would not be  
6 necessarily a guidance counsellor, because in every  
7 school there is always one or two teachers who have  
8 the knack of developing a tremendous rapport with the  
9 young person, so it may or may not be a guidance  
10 counsellor involved.

11 Now, we recognize that the  
12 schools can only do a very small part in preventing  
13 drug abuse or providing an outline for those already  
14 involved. But our plan, which is, incidentally, an  
15 outline of a plan which has been carried out during  
16 the last three years in the Los Angeles area, it is  
17 called the "Coronado School Approach". The plan  
18 envisions not only involvement of the youngster but  
19 the parents who are involved, who must be involved  
20 and actively participating as well.

21 Now, instead of segregating  
22 the students identified as having a direct or indirect  
23 involvement with chemical comfort drugs and placing  
24 them in special schools, the school board should  
25 consider a one-year plan, and this one-year plan is  
26 outlined as follows. When the student has been  
27 identified as a user, he and his parents are offered  
28 an alternative to present segregation methods. This  
29 would be a joint contract under which the student  
30 and his or her parents would agree to a plan of



1 therapy during which time the student would receive  
2 individual evaluation initially to determine suitability  
3 for group therapy; that parents would agree to  
4 attend weekly sessions during which various members  
5 of a team could be developed to provide special  
6 counselling to both parents and to the youngster  
7 involved. A mixed group session concept could be  
8 developed.

9 The duration of the attendance  
10 of the parents and the students in therapy would,  
11 of course, depend on several criteria. The student's  
12 behavioural pattern would be evaluated over a period  
13 of one semester, and then clear evidence must be  
14 presented to show determination on his part to adopt  
15 an on-going program of effective communication and  
16 genuine understanding designed particularly to meet  
17 the needs of the youngster involved.

18 In this program, the school  
19 guidance counsellor, or the various teacher ombudsman  
20 figure would play a very substantial role. He would  
21 work very closely with the student and also with the  
22 parents.

23 Now, as I said, this program  
24 would take advantage of all the community experts  
25 who could be developed as part of an over-all team  
26 and this team approach would involve social workers,  
27 sociologists, psychologists, psychiatrists, wherever  
28 the need is indicated.

29 Now, at the end of the time  
30 the school then would -- the committee would then





1 decide whether the youngster involved had carried  
2 out his part of the contract, and whether the parents  
3 had also fulfilled theirs, and after the one year of  
4 a sort of surveillance, the youngster would be allowed  
5 to continue on in the school program without removing  
6 him from the mainstream of the school from which he  
7 comes.

8 THE CHAIRMAN: Dean Campbell?

9 MR. BENNETT: Could I make  
10 a comment regarding this? This may sound that the  
11 assumption is that the moment you have a drug  
12 user immediately you have some psycho-pathology, and  
13 I think it should be clearly understood here that  
14 because you have a young person who has been identi-  
15 fied by someone as a drug user, you may very well  
16 find out after your first<sup>half</sup>/hour's conversation that  
17 really the boy is quite functional and he is doing  
18 quite well, and everything seems to be quite adequate  
19 and so therefore, this extensive program would be  
20 more directed at the individual who, either as a  
21 result of his drug use or prior to his drug use, had  
22 a demonstrable psycho-pathology and required that  
23 extensive an approach, because I think society makes  
24 the mistake of assuming that every person who comes  
25 in contact with a drug is mentally ill. I just  
26 haven't seen enough evidence to satisfy myself on  
27 that.

28 DR. COHEN: The other point ---

29 MR. CAMPBELL: This is a point  
30 I wanted to raise, that the gentleman spoke to.



1 Nevertheless, why focus on the young person who  
2 presents symptoms of a psycho-pathology through drug  
3 use? Am I to assume that you would say the same  
4 services would be available to people showing psyche  
5 pathological symptoms, but not necessarily with any  
6 drugs involved?

7 DR. COHEN: I think this would  
8 apply across the board in sort of a mental health  
9 clinic approach in general, but the group I was look-  
10 ing at is not so much the youngster who may have psycho-  
11 logical hang-ups or aggravation of psychological  
12 hang-ups by drugs, but the young person who is  
13 apprehended by our legal law enforcement officers and  
14 then removed from the school, and then punished  
15 accordingly.

16 MR. CAMPBELL: You are thinking  
17 of this as an alternative?

18 DR. COHEN: As an alternative to  
19 imprisonment.

20 MR. CAMPBELL: Another question  
21 I would like to raise with you; I think on page 4  
22 of your brief you speak of marijuana perhaps being  
23 properly placed somewhere midway between alcohol and  
24 the amphetamines, methamphetamines. I was wondering  
25 if you could expand on that point, why you place it  
26 this way between quite radically different drugs.

27 DR. COHEN: I feel that basically  
28 you are looking at -- to look at the effects  
29 of marijuana, it is a very weak psychedelic type of  
30 drug which in actual fact belongs at the very lower  
level on the psychedelic drug category in the LSD



1 group, and it does have a euphoric effect, very  
2 similar to the releasing effect of inhibitions that  
3 alcohol produces in many people, and it does produce  
4 stimulation of thinking and the speeding up of  
5 thinking related also to the amphetamine type. So,  
6 in looking it over and reviewing it from time to time  
7 I felt that somewhere in our drug classification  
8 scale, it should be midway between, say, an alcohol  
9 classification and the drug, the amphetamine type.  
10 But certainly, it should not be in the narcotics  
11 section of the law. It should be in our drug classi-  
12 fication; there are two classifications that end  
13 up making most people very confused. One is the  
14 legal classification and one is the medical classi-  
15 fication. In our medical classification it is in  
16 the psychoactive type of drug group, as opposed to  
17 the psycho-depressant type of drug, your narcotic.

18 THE CHAIRMAN: Dr. Lehmann?

19 DR. LEHMANN: I should like  
20 to come back to Dean Campbell's question about the  
21 distinction between the emergency of a youngster  
22 who has taken drugs and any other kind of psycho-  
23 logical or social breakdown emergency involving a  
24 young person.

25 In some of the briefs,  
26 particularly one in the Maritimes, a well thought  
27 out approach was presented to us where it was stressed  
28 that there should be no distinction between treatment  
29 of alcoholics, the treatment of drug taking and the  
30 treatment of any kind of a mental health breakdown.





1 Yet you do recommend special crisis teams. Again  
2 you specify for somebody who is in a crisis because  
3 of drug taking. And as you have just pointed out,  
4 this is because you want to protect them from law  
5 interference and rather, provide the treatment  
6 approach. But many of these drug abusers I see  
7 really are not involved <sup>in</sup> / any kind of a legal action;  
8 for instance, a speed taker or people who take barbi-  
9 turates, and so on.

10 Now, the question still is,  
11 why should one, and to what extent should one promote  
12 the creation of special teams, special residences,  
13 special consultation services and treatment services  
14 for alcohol because in some regions it was stressed  
15 to us that the alcoholic should be treated in one  
16 sort of facility , the drug taker in another, and  
17 the mental health problems in still others. And it  
18 still has been stressed that perhaps the older drug  
19 taking individual should have his own facilities  
20 and quite recently, with the increased use of heroin,  
21 there has been question as to whether the heroin  
22 taker should not be treated in a different facility  
23 from the marijuana taker or the speed taker.

24 Now, what are we going to do  
25 with this increasing fragmentation and how should it  
26 be approached?

27 DR. COHEN: I couldn't agree  
28 with you more, but let's face the facts as they now  
29 stand, that many of these cases are appearing on the  
30 scene and there is no one who is willing to extend a



1 hand to help these cases in developing an over-all  
2 program for them. And what we are suggesting is, if it  
3 may appear to be fragmented at first, we would hope  
4 to see integration of an over-all approach to the  
5 drug dependency problem develop as a result of ex-  
6 ploration of the different areas that we are talking  
7 about, so that the Crisis Intervention Team right  
8 now serves two purposes. One is to develop an  
9 immediate service and action on the scene where the  
10 drug user is at. And secondly, as a result of the  
11 repeated reaching out by the hand to these people,  
12 we will then determine the amount of service that  
13 will be required and what type of service should be  
14 developed, and I feel that we are just in a very  
15 early embryonic stage of development and we hope to  
16 extend into an integration of our mental health  
17 services and perhaps develop it all under one wing.  
18 Whether this is under an alcohol-drug wing, or whether  
19 it is under a psychiatric service wing, this is  
20 something that I feel will grow as time goes by.

21 MR. BENNETT: There is another  
22 aspect of this too, and that is that one of the  
23 biggest values of the Crisis Team right now, is to  
24 offer an alternative to the parent. One of its  
25 values is, it reduces the anxiety of the parent and  
26 gives him an alternative other than court referral  
27 or contacting the police, or this kind of thing.  
28 And right now I don't understand the social phenomena  
29 that has created it, but the community seems to have  
30 given a special consideration to some unique adolescent



1 phenomena called "drug use", and are very upset  
2 about this, and so therefore whereas I agree  
3 that the ideal thing would be that the pre-existing  
4 treatment facilities would handle the drug user,  
5 apparently they have been very unsuccessful in the  
6 past at making referrals in this area, that family  
7 physicians don't want to touch these people because  
8 of their own concepts, that welfare people don't  
9 want to come into contact with these people, that  
10 normal psychiatric teams, rural community teams,  
11 don't want to really make contact with these people  
12 and so where does the parent go? The parent doesn't  
13 go anywhere except to get frustrated and more frus-  
14 trated; so that a person can go over to the house  
15 and talk to the parents and do nothing to reduce  
16 their anxiety, then I think there is a need for this  
17 type of thing.

18 MR. STEIN: Could you indicate  
19 to us on this question of the crisis, please, what  
20 involvement there would be in this, or is there any  
21 participation directly?

22 MR. BENNETT: There are drug  
23 users on the teams. That is the initial contact.  
24 If the drug user on the team can handle the situation  
25 then the sort of para-supportive -- other members  
26 of the team are not necessary at all. It is the  
27 initial contact.

28 Now, the trouble with this,  
29 in our community anyway, is that we have got some  
30 very capable people in this community handling this





1 problem. However, rightly or wrongly, these people  
2 have aggravated the so-called powers that be, they  
3 have lost credibility amongst the so-called organizers  
4 of the community and the administration.

5 MR. STEIN: Why? Could you  
6 tell us something about why this is indicated?

7 MR. BENNETT: Well, because  
8 they are not going in the line, to turn around and  
9 to follow the so-called stereotype approaches, and  
10 what happens is, they are not prepared to hop on the  
11 kids' backs and say, "Look, your drug use is wrong",  
12 but rather their approach is, "Look, if you are in  
13 difficulty, let us handle the difficulty, and talking  
14 about drugs will come later on", and this type of thing.  
15 But rather, the community seems to feel that drug use  
16 in itself is a psycho-pathology, and therefore they  
17 want to treat this per se and so, you have  
18 a real problem in Saskatchewan and the community of  
19 Regina, in that you have to have the treatment team  
20 that the law will buy, that they will co-operate  
21 in terms of communication, in terms of approaching  
22 the drug user and this kind of thing, and yet at the  
23 same time, you have to have a team that is credible  
24 in terms of the user himself in the using population  
25 and that is the real difficulty that we are in right  
26 now, this polarization.

27 THE CHAIRMAN: Well, following  
28 that line of thought, Mr. Bennett, have you seen any  
29 difficulties in the attempt to bring under the edges  
30 of very broadly representative community agencies, the



1 functions of research, information development, the  
2 development of educational program treatment, presumably,  
3 the formulation of a community policy and attitude.  
4 Do you see problems at all? And I also ask this  
5 question of Dr. Cohen as well. One of our tasks, I  
6 think, is to identify the various functions that have  
7 to be performed in relation to this phenomena, and  
8 to consider what might be called the "basic integrity"  
9 of these functions and the extent to which there may  
10 be conflicts of interests which are better avoided  
11 and to attempt to determine the best relationships  
12 in the various functions in the institutions which  
13 may assume the responsibility for them. Do you have  
14 any thought along these problems?

15 MR. BENNETT: As a community  
16 educator, I have thought a lot about this, but you  
17 see what happens is that you begin to break down  
18 these barriers and you begin to bring these different  
19 communities together in dialogue and things like that,  
20 and then some radio station or newspaper, out of a  
21 sincere desire to educate the public, and this kind  
22 of thing, decides to launch a Project '70, or something  
23 like this -- (applause) -- and what happens is that  
24 a whole year's work went right down the drain in  
25 terms of getting these people together because what  
26 happened is that we were coming together, we were  
27 getting the total perspective of the community and  
28 this kind of thing, and then after Project '70, because  
29 of statements that people made on the radio programs  
30 and things like that, the community was polarized all



1 over again, you see.

2 THE CHAIRMAN: Could you --  
3 I'm sorry, I don't want to put salt in the wounds  
4 here, especially as a visitor, but I think it may  
5 be helpful to us if you could give us a little bit  
6 of understanding of what this community's experience  
7 was with Project '70, not that I want to revive  
8 the controversy, but just to inform us so that we  
9 can learn something of the general value in this.

10 MR. BENNETT: There is a very  
11 powerful individual down in the United States by the  
12 name of Mr. Barry Savage, who has put together a  
13 wide range of interviews with a large number of  
14 people, and he has come to the conclusion that once  
15 you talk to Dr. Lehmann and once you talk to people  
16 of his calibre, that you are now an expert yourself,  
17 and so what happens is this person comes up to a radio  
18 station and states, "Well now, look, what the commu-  
19 nity needs is a drug education program", and gives  
20 you all the statistics about heroin use and things  
21 like that, and possibly his biggest selling value is  
22 that it is a quick, immediate response, it is tangible,  
23 it is evidence, it appears that it is going to be  
24 everything in a very short period of time. And so  
25 our community, our society, seems to have lost the  
26 ability to be able to postpone, to think in terms  
27 of long range planning, and what they want is quick,  
28 dynamic, tangible results, and Project '70 seemed to  
29 be just that.

30 So this was a series of radio





1 interviews where a number of people called in from  
2 parts of the province and various different comments  
3 were placed on the radio. However, the interesting  
4 thing was that Mr. Savage was the guy at the button,  
5 you see. And so, when something came in that was  
6 possibly controversial or may have given a total  
7 picture, down went the button, you see. And so,  
8 what happened is, it became the old scare approach  
9 that was carried on, and what happened was, it  
10 created a real problem. At least, I feel it created  
11 a real problem in the community and that it has cost  
12 us a lot in education. This went on for seven  
13 days -- it was on from 9:30 until 11:30 in the  
14 morning, and from 7:30 until 9:30 every evening,  
15 and parents phoned in and various different people  
16 phoned in, but I don't think it did very much for  
17 education, I don't think the community is that much  
18 better informed as a result of it. And it is most  
19 interesting to note that when the program was viewed  
20 it was also when the Bureau of  
21 Broadcast Measurements were carrying on their surveys  
22 in this kind of thing, and you know, you question  
23 their motives also in this area here.

24 Now, I think this is the kind  
25 of problem that I think every community has. I worked  
26 in Ontario for two and a half years, and there was  
27 exactly the same kind of problem in Toronto.

28 You almost had to have two  
29 programs, one community approach that took care of  
30 administration and the system, and another approach



1 to take care of the drug user, the people involved  
2 at the scene, the people who thought that they had --  
3 and feel that they have, adequate grounds, and healthy  
4 motivations for continuing to pursue this area of  
5 investigation.

6 And you sort of have to try to  
7 program for both groups of people, and the real  
8 challenge to any educator in any community, is how  
9 you program for both, how do you bring these two  
10 together? How do you find exactly where the community  
11 is going to have to go in order to make the most  
12 positive response, and of course, the next question  
13 is, what is the positive response?

14 THE CHAIRMAN: Dr. Cohen?

15 DR. COHEN: Yes, as far as  
16 the over-all approach in the community is, concerned we  
17 find it most difficult to develop a multi-discipline  
18 approach to the problem <sup>by</sup> /getting the co-operation of  
19 the different types of people that you would think  
20 should be part of the team. We are trying to co-  
21 ordinate, for example, the family physician, and  
22 basically what he has to do is, he finds it extremely  
23 difficult to become a part of the team that takes  
24 the part of the action, as far as the team approach  
25 is concerned. And so we feel that, somewhere getting  
26 back to this crisis team and the development of  
27 service areas in the community, this has to be started  
28 somewhere and it is our attempt to get started in this  
29 direction and certainly, I go along with what has  
30 been brought up here, that we should have integrated



1 approach by one central agency, and this kind of  
2 thing would be most beneficial for the over-all  
3 program.

4 "MR. CAMPBELL: Dr. Cohen,  
5 the name of your organization refers to drug abuse.  
6 How do you define drug abuse?

7 DR. COHEN: As far as this is  
8 concerned, it is a very general term, and I would  
9 think that drug abuse could be defined as occurring  
10 when a person is using, first of all, illegal or  
11 legal drugs without medical supervision. Very  
12 simply, I would put it this way.

13 MR. CAMPBELL: We can exclude  
14 then, the use of alcohol from drug abuse?

15 DR. COHEN: This, where I am  
16 saying "abuse", this would include alcohol, because  
17 where you are abusing it -- it is a non-medical drug  
18 and if you are abusing it, then you are in problems  
19 with it. It is still drug abuse if you are not using  
20 alcohol responsibly.

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1 MR. CAMPBELL: The first approach  
2 you spoke of was using drugs that were illegal without  
3 medical supervision.

4 DR. COHEN: Right.

5 MR. CAMPBELL: Now you can use  
6 alcohol legally.

7 DR. COHEN: Yes.

8 MR. CAMPBELL: Medical supervision  
9 You would say that was abuse even though it was  
10 legally used.

11 DR. COHEN: Where abuse comes  
12 in, I think it is where it begins to show its  
13 effect on the functioning of the individual where the  
14 repeated use of the drug then would make itself  
15 imperative to its abuse where it disturbs the  
16 functioning of the individual in his home area,  
17 job area, and within his physical and mental health.

18 MR. CAMPBELL: Or where it is  
19 illegal.

20 DR. COHEN: Or where it is  
21 illegal.

22 MR. STEIN: Just to push that  
23 one further step; in stating that it would be when  
24 it distrubs the functioning of the individual, where  
25 is that judgment in your estimation to be made?

26 DR. COHEN: It is a very fine  
27 line of distinction.

28 MR. STEIN: Going back to the  
29 point that your colleague made, that very often  
30 persons who are using drugs legally, or illegally



1 do not necessarily have psycho-pathological symptoms  
2 and the judgment -- you started to say, and I cut  
3 in on you there, it is a fine line.

4 DR. COHEN: I would believe  
5 as a medical man, I would rely on my medical know-  
6 ledge to determine this distinction. For example,  
7 I had a patient who would come in and he is sent in  
8 by his family because they think he has an alcohol  
9 problem; he doesn't think he has an alcohol problem;  
10 I do a blood test on him in the middle of the after-  
11 noon, 3:30, and find his blood alcohol level is .240.  
12 He tells me he only drinks three cocktails a day, one  
13 for lunch, one for dinner, and one before he retires.  
14 He is averaging -- he is showing an average blood  
15 level of .240. I consider this pathological,  
16 especially when I find as a doctor that he has disease  
17 in his system that he is completely unaware of,  
18 that he has diabetes, he has liver damage, he has  
19 cardiomyopathy and so on.

20 MR. STEIN: What is your view  
21 as a doctor who has obviously run into this kind of  
22 situation as to the possibility of assisting someone  
23 to alter their drug use pattern when they themselves  
24 don't believe, even though you had empirically  
25 verified its, say, in this kind of a case, that  
26 they are using alcohol, let's say, in an excessive  
27 way. What is your view as to the possibility of  
28 assisting them or working with them in altering  
29 their drug use pattern if they do not feel any  
30 motivation in that direction?



1 DR. COHEN: Again, this is  
2 a very difficult area to work in and having worked  
3 in the area, mainly in alcohol during the last  
4 eleven years, we have run across many of these  
5 cases who we are very aware have a very definite  
6 alcohol problem but yet do not wish to have any  
7 treatment or have anything done about it. As they  
8 say "I am doing fine and I wish to carry on as I  
9 am." Then I think the onus is on the -- between  
10 the family and the doctor to come to a decision  
11 as to whether we are going to stand by and allow  
12 this person to continue in his present way of  
13 life and with the ultimate damage continuing over  
14 a period of time, or do we do something more  
15 definite about it. In many cases we may have to  
16 use coercion in order to get him into a treatment  
17 centre to obtain help and we have found strange  
18 enough, that once the person is in the treatment  
19 centre even under coercion, that we are able to  
20 reach a certain percentage of these people and  
21 help them straighten out as far as their way of  
22 life is concerned.

23 MR. STEIN: Could you explain  
24 then, what your meaning of the word "coercion" means?

25 DR. COHEN: Coercion under the  
26 Mental Health Act of this province refers to Sections  
27 17 - (1) of the Mental Health Act, we would have to  
28 call upon these two sections and the one we use is  
29 Section 18 - (1) whereby in it it states that this  
30 person is either using alcohol or drugs to the





1       detriment of his health and is unable to -- is  
2       either unable to, or does not wish to have medical  
3       assistance.

4                       MR. BENNETT: This would be  
5       the form of a committal.

6                       DR. COHEN: This is coercion  
7       or committal.

8                       MR. STEIN: Under the Mental  
9       Health Statute.

10                      DR. COHEN: Under the Mental  
11       Health Act.

12                      MR. BENNETT: The trouble is  
13       here in the cases we have been involved with here  
14       so far in the province there has been a very  
15       definite organic problem, you know, it is not just  
16       simply the person has refused to stop smoking pot,  
17       or refused to stop dropping acid or has refused  
18       to stop shooting methadrine or something like that,  
19       but rather the individual is in such an  
20       organic state that if there is not some intervention  
21       that the person is going to be in severe difficulty  
22       and that is the only case where this has been applied  
23       so far.

24                      THE CHAIRMAN: Gentleman at  
25       the microphone.

26                      THE PUBLIC: Mr. Chairman,  
27       could I make a comment and ask Dr. Cohen a question?  
28       I have been very impressed with the approach of Dr.  
29       Cohen and Mr. Bennett. I think it is tremendous.  
30       But there seems to be one irrationality in it that



hangs over many of the discussions of this subject.

In spite of the things that Dr. Cohen has said  
he ended up by not recommending marijuana be

legalized. The aspect of the problem that I  
as  
have been looking at/a social psychologist is the  
social effects and a great many of the social  
effects seem quite clearly to come from the fact  
of the illegality. A great deal of the anxiety,  
great deal of the difficulty in getting treatment  
stems from that. It seems to me that some of the  
programs that a lot of these speakers have been  
recommending are very difficult to carry out as  
long as an illegal act is involved.

Social effects are much broader  
than that, of course. The marijuana law is  
discriminatory, it is discriminatory in the way it  
is enforced, it very great discrimination on  
the ground of class, the people who are questioned  
and searched, and one might say harassed constantly,  
are mainly the young people without fixed employment;  
professional and business people who use marijuana  
are rarely bothered. It is discriminatory on the  
grounds of age. Nearly all the people who are  
even conceding the fact that the majority of the  
use may be <sup>among</sup> /young people, there is still a dis-  
proportion of the attention of enforcing the law  
with regard to young people than to regarding older  
people.

In the background lies the  
form of  
biggest/discrimination, and Dr. Cohen referred to



1 the double standard. He mentioned that alcohol  
2 has done more harm than not only marijuana but  
3 along with a long list of other drugs combined,  
4 and yet alcohol is still the socially accepted  
5 and legal form of relaxation and indulgence for  
6 the older generation, and the particular form  
7 of a relaxing drug chosen by the young people is  
8 not only illegal, but the enforcement of the law  
9 is pretty persistent and the number of young lives  
10 that have the black mark of a criminal code con-  
11 viction is a staggering thing.

12 This one fact is doing more  
13 to alienate the younger generation from our  
14 society than probably any one single thing, and  
15 I find it hard to understand why people who have given  
16 such conscientious thought and consideration to  
17 the matter as the men who have spoken this morning  
18 still want to leave marijuana laws on the books.  
19 With regard to liquor we have laws/<sup>on</sup>which you are  
20 convicted if you do particular things, if you do  
21 particular acts. It is not the use of liquor.  
22 Why not the same for marijuana, why should marijuana  
23 possession or use be in itself a criminal act. It  
24 seems to me the kind of programs that are being  
25 talked about are certainly in the right direction  
26 but are not going to even get public support.  
27 As Mr. Bennett had mentioned, the mere fact of it  
28 being a criminal/<sup>code</sup>offence in the background puts  
29 many obstacles in the way of helping the young  
30 people that have difficulties and certainly there





1 is a problem and the discussion this morning on  
2 medical and educational grounds is the direction  
3 which things have to go, but at the moment society's  
4 total approach is punitive and until we removed  
5 possession of marijuana as an indictable offence  
6 under the criminal code we can never make the trans-  
7 fer to a health approach, personality approach,  
8 educational approach as the speakers have been  
9 recommending.

10 MR. BENNETT: Dr. Rand, as  
11 a social psychologist, don't you feel really that  
12 the reason marijuana is where it is and the way  
13 it is being treated is that the community is finally  
14 going to have to admit that it is not afraid of the  
15 drug per se, it is afraid of the phenomena that  
16 the drug represents and that they are trying to  
17 control a phenomena by trying to control a drug  
18 and this is impossible.

19 THE CHAIRMAN: Gentleman at  
20 the microphone.

21 THE PUBLIC: Yes. What I  
22 would like to say is on what Mr. Stan -- I  
23 forget the gentleman's last name, on legalization  
24 of marijuana, I think you have to look at it in the  
25 same category as alcohol. For instance, who is  
26 helping the alcoholic? The alcoholic, or the  
27 people that are alcoholics have formed an AAA, and  
28 they get more direct support and more success from  
29 -- but what I do feel is that people who are sitting  
30 up and making laws and rules and regulations



1 governing the use of the drug, I find from what  
2 I have noticed, they don't have any first-hand  
3 information really. I mean I think before you can  
4 sit down and judge something you have to go  
5 through the basics of the thing, like using it.  
6 And I think some people use alcohol to an extent  
7 where it screws them up completely and then you  
8 get someone else using drugs and you get exactly  
9 the same parallel. Now what are you going to do?  
10 Now can we -- everybody that uses alcohol or  
11 everybody that uses marijuana is guilty of a  
12 criminal act according to our particular law now;  
13 is that not true?

14 I am not directing my question  
15 to anyone in particular.

16 THE CHAIRMAN: Yes, everyone  
17 who has possession of it, yes.

18 THE PUBLIC: All right. Now,  
19 I would like to find out for my own information  
20 how many people that smoke marijuana and know  
21 how to handle marijuana are doing something to  
22 help young people that don't know anything about  
23 the drug, that are just trying it for the first  
24 time and going onto these fantastic new trips.  
25 I don't think there is too many people. I don't  
26 think the police department, I don't think the  
27 government organizations are even considering this  
28 aspect of the whole thing, and I think you have to  
29 get to the young people who know something about  
30 marijuana. Like I have been involved in marijuana



1 now for two months and the people I have met being  
2 involved in marijuana, as far as I am concerned,  
3 I think they are fantastic human beings and they  
4 have got a lot to offer young people that haven't  
5 had any sort of guidance, home environment and stuff  
6 like this, and drop out of, lets say, you know, the  
7 organization. They don't like the structure of  
8 our society, they don't like the way things are  
9 going and they are rebelling and so they are  
10 rebelling in their own little way. They are smoking  
11 marijuana and they are going too far.

12 Like for instance, I was at  
13 a party once where there was a lot of kids smoking  
14 marijuana and a lot of them had, lets say, had been  
15 turned on two or three times and they reminded me  
16 of a lot of young kids I saw when I was younger  
17 that started drinking alcohol. They were laying  
18 around completely immobile, no communication  
19 whatsoever, but not harming anybody. Like they  
20 were stoned right out of their heads so to speak,  
21 and I thought, well, you know, there must be more  
22 to marijuana than just lying around Friday nights  
23 stoned out of your tree.





1 I think it has got to offer something to the young  
2 people and I feel it does. I feel it helps them  
3 relax, I feel it helps them -- sort of helps them  
4 relieve a bit of their self-consciousness, and all  
5 these screwed up things we have to live with in  
6 society, and get away. It is like a little bit of  
7 a holiday and vacation. And I feel that anybody  
8 who sits up on a high pedestal and makes a law and  
9 says that, "Gee Whiz, this is illegal, nobody is  
10 allowed this drug", and who gives that human being  
11 the power to say this? Has that person gone through  
12 this trip, have they had any experience with marijuana?  
13 I mean, where is it at?

14 Like, going back to the alco-  
15 holic, now, who, in what sort of field do they  
16 achieve more success, in the rehabilitation of human  
17 beings that became so-called dregs of society by  
18 drinking alcohol to an excess? But when you don't  
19 drink alcohol to an excess, it is quite<sup>an</sup> enjoyable,  
20 socially accepted thing, and I feel very strongly  
21 that marijuana is exactly the same thing. But nobody  
22 in government, as far as I can tell, and nobody even  
23 in the so-called police force of ours across Canada,  
24 knows a great deal about marijuana.

25 And I can give you first hand  
26 experience about the police force, and I can explain  
27 what I mean as far as I have had an occasion to --  
28 like I'm from Vancouver, see, and you've got very  
29 nice fresh air here in Regina and the people seem  
30 a lot more friendly. They are not in so much of a



1       hurry. And I had the good fortune of coming here  
2       this weekend with some friends who indulge in the  
3       practice of smoking marijuana and myself, I have  
4       taken it from time to time, and I think for me it  
5       is rather enjoyable. But for the gentlemen who are  
6       sitting at the table up there, or a lot of people  
7       in here who have never tried it, how can they sit  
8       up there and govern young people? How can they sit  
9       up there and say, "Lookit, we have formed a law"?  
10      This is what I want to know.

11                       OK, now, let's get back to  
12      the police force. There are young people, just like  
13      myself who decided they want to -- let us be realistic  
14      about this thing. You have got young people who are  
15      joining the police force. Why are they joining the  
16      police force?

17                       Now, last night we had a  
18      going away party for a friend. He thinks he is going  
19      away somewhere, but he is not, and -- not a going  
20      away party, but -- I'm not sure what kind of a party,  
21      but we had a good time last night and it went up until  
22      about three o'clock, and I was hungry around three  
23      o'clock and so I wandered around town and I wandered  
24      up the street, and I had the occasion to bump into  
25      a young police officer and he was twenty-one years  
26      old, and I know his name but I'm not going to say  
27      his name. But, I was on the other side of the  
28      street and, well of course, I was rather happy and  
29      excited about the fresh air that you have up here  
30      in Regina, follow me? So I was singing at the top



1 of my lungs at four in the morning, you know, and,  
2 I mean, if you did this in Vancouver they would have  
3 people that would come around and put you in white  
4 suits, you know, and cart you away, and say you were  
5 nuts. But I was singing and I was quite happy at  
6 four in the morning, because I didn't have a care in  
7 the world, and anyway, I happened to look over to  
8 the other side of the road and there was this police  
9 officer -- I thought he was an R.C.M.P. because  
10 they've got these funny, you know, fur hats here in  
11 Regina, and I have never seen them in Vancouver, you  
12 know, it doesn't get that cold in Vancouver and they  
13 have these fur hats here. But anyway, I went over  
14 and had a chat with him. I said, "What is the trouble?"  
15 And I thought, like, there was this body laying in  
16 the car, you know, like, I mean, immobile, you might  
17 say, and so I said, you know, "What is wrong?", and  
18 there were a lot of people standing around, and  
19 this poor young police officer of twenty-one, looking  
20 really lost. He didn't know where it's at. I guess  
21 he had a little bit of confidence because he had his  
22 gun in his belt, you know, and maybe that helped him.

23 But anyway, I said to him,  
24 "What are you going to do?", and he says, "Oh, she  
25 is drunk", and I said, "Oh, drunk, where are you  
26 going to take her?" -- you see, I thought it was  
27 his car and it wasn't, he was on foot patrol, just  
28 walking around the streets all night, just like me --  
29 not knocking on doors, but he had a big flashlight  
30 and he'd flash his flashlight in on doors. Like, he'd





1 walk up to a door and check if it was locked.

2 Well, myself I don't think  
3 that's really very good training for a young man,  
4 checking doors all night. I think he should be able  
5 to do something a little bit more productive as far  
6 as the youth are concerned.

7 --- (Applause).

8 And, I would like to go a  
9 little step further as far as -- where was I --  
10 I babble at times. Oh, yes, he is checking these  
11 doors, but anyway, the thing of it was, he seemed  
12 like he could use a hand, this poor guy standing  
13 there, and so I wandered over. But, I mean, I had  
14 been to a party previously in the evening and I  
15 wasn't feeling any pain, you might say. I had a  
16 few beer. But anyway, to get to the point, these  
17 four guys came out of a house, you know, and he said  
18 "What's wrong?", and I said at the top of my voice,  
19 I said, "Oh, this woman is drunk out of her blankety-  
20 blank ever-lovin' mind", and he said, "Well, that's my  
21 wife". I said, "Oh, I'm sorry, sir, I didn't  
22 realize that", you know. And this lady that was in  
23 the car happened to be a native of our beautiful  
24 country of Canada and a native of Saskatchewan,  
25 and they have a little different coloured skin,  
26 the natives, I understand. At least they do in  
27 British Columbia, but they are still people. And  
28 they have to be treated the same way.

29 And this police officer was  
30 very polite to these people, but he was upset by my



1 statement to this young man, because apparently they  
2 are members of a rather tough motorcycle gang here  
3 in Regina, and I was committing instant suicide by  
4 making that statement, but somehow <sup>I</sup> managed to survive  
5 it and apologized, and the police officer said, "Look"--  
6 you know, I'm sure he felt a bit scared for me, this  
7 way talking to a total stranger who would just as  
8 soon clobber me as look at me after that statement,  
9 and he said, "I'll walk you down the street".

10 So, we walked around for quite  
11 some time, about two hours until about four o'clock  
12 in the morning and I was expounding my theories on  
13 the stupid, ridiculous way that the police officers  
14 of his age and his rank go through this apprenticeship  
15 and I was just asking him if it was an apprenticeship  
16 that lasted for a year and he went over it twenty-four  
17 times, but he said, "No, there was more to it than  
18 that".

19 He said there were quite a  
20 few different fields and different spots for the  
21 police -- in other words, police do more than just  
22 walk around at night and check doors and I was quite  
23 happy to hear that, really.

24 THE CHAIRMAN: I think I will  
25 have to maybe think about calling on the next sub-  
26 mission.

27 THE PUBLIC: OK, can I say  
28 one other thing then, sir? I am sorry I am getting  
29 off a bit on my story here, but what I'm trying to  
30 say is, there was no communication between that young



1 twenty-one year old police officer who was really  
2 a very nice person, and the young kids who are  
3 getting into trouble.

4 Now, these police officers  
5 have a position, like, for instance, I said, "OK,  
6 what don't you like about people that smoke mari-  
7 juana?" I said, "What don't you like about marijuana?"  
8 You know what he said to me? "People who smoke  
9 marijuana become heroin addicts". I said, "Oh,  
10 I didn't realize that". I said, "Could you explain  
11 a little more of that?" And I said, "What don't  
12 you like about people with long hair that smoke  
13 marijuana?" And he said, "Well, they call us pigs".  
14 I said, "I don't like that at all. I don't like  
15 them calling you a pig. Because this police officer  
16 is dedicated and he is walking around at night trying  
17 to do his job, OK? And there are young kids that  
18 are hassling him and he is hassling them but not  
19 on purpose, but just because somebody else at the  
20 top has formed this barrier between a young man  
21 who is dressed in blue and a young man who has long  
22 hair and a young man who smokes marijuana, and a  
23 young man who drinks beer.

24 Now, we have got to do  
25 something to help these young kids, and I feel that  
26 the only way you can help a young person just getting  
27 into the dope scene, is to get some of these people  
28 who are called heads, and don't send these kids  
29 to Children's Aid and don't send these kids to  
30 Social Welfare. Send them into the head scene and





1 the people who have five or six years experience  
2 using drugs and know where it is at with drugs.  
3 Because everybody who takes drugs doesn't become a  
4 heroin addict. There are a lot of people who take  
5 drugs who are very beautiful artists and musicians,  
6 and entertainers and tremendous painters, and they  
7 have a tremendous amount to offer young people.  
8 But I don't see that there is any communication  
9 between the guy in the blue and the guy with the  
10 long hair. That is what I'm saying. That is why  
11 I told this story.

12 Now, honest to goodness, in  
13 Vancouver, for instance, there's young kids coming out  
14 from Toronto, Montreal, Winnipeg, Regina, and they  
15 are coming out to Vancouver in the summertime, and  
16 they are lying around on our beaches and smoking  
17 dope and trying LSD and trying all these other things,  
18 and some of them are lucky enough to meet some  
19 beautiful people that are called heads. And these  
20 people try and help these young people and they  
21 become friends, and they become part of the head  
22 scene, which they call the head scene, I suppose.

23 Now, I feel, why should the  
24 government spend so much money trying to rehabilitate  
25 these young kids and train people who don't know  
26 anything about marijuana to deal with kids who know  
27 something about marijuana, when you can take the  
28 kids that are just being involved in marijuana and  
29 farm them out, so to speak, in a head house, or say,  
30 communal house, where the kids could be taken in



1 and it doesn't cost the government or anybody anything.

2 Now, instead of sending that  
3 kid to the Social Welfare or send him to jail, I  
4 mean, look, there are people being charged for  
5 trafficking and possession now. Everybody who smokes  
6 out a few, why don't a hundred thousand people in  
7 Canada stand up and you try and fight them all at  
8 once? That is what I'm saying.

9 Now, for instance, there is  
10 just no way you can fight a hundred thousand kids  
11 who smoke marijuana. There is no way to do that.  
12 That is what I'm saying. And this is the problem,  
13 there is no communication between you people sitting  
14 up there at the Board and myself and 99% of the  
15 people who smoke marijuana, so why do you think we  
16 can get anywhere? We can't. There is no way. That  
17 is what I'm saying, and that is why I told that  
18 little story about the police officer. And this is  
19 very important, what he was doing last night. I'm  
20 not tearing the police department down. I wouldn't  
21 want to walk around in Vancouver if there weren't  
22 guys dressed in blue because there could be a bad  
23 scene there. People running around shooting people,  
24 raping people; doing all sorts of bad things.

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1 But what I am trying to say  
2 is you have got to face it, you have got to face  
3 that we are young people, we have got our loves,  
4 our wants, our desires and we have got every right  
5 to live our own way, not live in your materialistic  
6 world.

7 THE CHAIRMAN: Thank you.

8 PUBLIC: Thank you. Do you  
9 want me to sit down?

10 THE CHAIRMAN: I thought you  
11 were finished.

12 THE PUBLIC: I haven't even  
13 started. I could stand up here all day, seriously  
14 I can. There are young people in Vancouver that  
15 are dying and no one is doing anything about it,  
16 only the kids that form little organizations who  
17 go out and they do nothing except spend all their  
18 time helping young people for no money, for no  
19 financial return or gain. Now all this money that  
20 is being thrown down the goddamn drain really bugs  
21 me. I mean we need some of that money. Now I run  
22 around all the time trying to raise money, you  
23 know, the thousands of dollars that we need, I  
24 spend all my time doing that. Now we need money  
25 to fight this thing and we have to get it the right  
26 way, we have to get it just like the Alcoholics  
27 Anonymous fought their trouble. Because there is  
28 a lot of good people who drank beer and there  
29 is a lot of good people who smoke dope and if  
30 you don't weed the people who don't know how to --





1 in other words, don't know how to look after the  
2 stuff by themselves, they need some help and who  
3 are the best suited people to help them? The  
4 people who have had five years experience who  
5 have served their apprenticeship is smoking dope  
6 and know where it is at.

7 Now this is a school in its  
8 own field. Now there is no possible communication  
9 between a judge and a lawyer and a defendant who  
10 is up on a case of possession or up on a case of  
11 trafficking, no way. He doesn't even know where  
12 it is at. His views are very materialistic. He  
13 believes that to be a success in this world you  
14 have got to have lots of money. But to be a success  
15 in this world you don't have to have a lot of money,  
16 you have to have a little bit of luck, a little  
17 bit of understanding and a little bit of consideration  
18 for another human being and don't be so damn selfish,  
19 that's what it is.

20 But anyway I just want to get  
21 back to this young police officer. Now he is  
22 walking down the street ---

23 THE CHAIRMAN: I think if I  
24 may, just say this, , speaking of consideration  
25 for other human beings.

26 THE PUBLIC: Sorry.

27 THE CHAIRMAN: I think  
28 that we should release Dr. Cohen and Mr.  
29 Bennett. Thank you very much for your assistance.  
30 You have been most helpful, gentlemen. Thank you.



1 I think I should also at this time  
2 apologize to Dr. Blewett for keeping him waiting  
3 but he is scheduled next on our program of submissions.  
4 Dr. Duncan Blewett, if he would like to take his  
5 place at the table here?

6 THE PUBLIC: Thank you very  
7 much for letting me speak.

8 THE CHAIRMAN: Thank you very  
9 much for giving us the benefit of your views.

10 THE PUBLIC: Thank you very  
11 much.

12 DR. BLEWETT: Gentlemen, I  
13 submitted a brief earlier to the Commission, two  
14 of them in fact, and I feel the material in that  
15 was and remains important but I feel there has  
16 developed, or is developing another problem to  
17 which I wish to speak with your permission. And  
18 in order to expedite matters I have some notes  
19 here that I would like to follow.

20 The summer of 1970 will bring  
21 with it very significant problems which I believe,  
22 the Commission should call to the attention various  
23 private and municipal and provincial and federal  
24 agencies. Tens of thousands of young people in  
25 their teens and early twenties are going to face  
26 the problem of unemployment. The problem will  
27 be intensified by the increasing incidence of the  
28 use of psychedelic drugs since this is a focal  
29 point of discord and strife within families. Parents  
30 don't understand why their children are using



1       psychedelic drugs. The media and the scientific and  
2       professional communities have spread alarm and fear  
3       among parents about the use of psychedelics without  
4       providing any idea or plan about how to turn back  
5       that tide. The present laws are unenforceable and  
6       were they enforced over a quarter of a million young  
7       people, including many of the most intelligent and  
8       creative and productive would be imprisoned for no  
9       purpose. Since jail sentences won't alter the con-  
10      viction that the psychedelics are rewarding and  
11      valuable vehicles in the individual's search for  
12      meaning in his life and for self actualization, the  
13      situation will become more critical as colleges  
14      and schools end their terms. A great many young  
15      people will become transient.

16                               Cities such as Regina must  
17      provide for this flow of people. Failure to do so  
18      can and will turn cities into tinder-boxes. Many,  
19      perhaps most of the young people, will be without  
20      food or money. Many will need medical assistance  
21      and many will need counselling regarding psychological  
22      problems centered around familial problems and drug  
23      experience.

24                               Unless adequate facilities are  
25      available in Regina, and in other cities along the  
26      Trans-Canada highway, crime rates will increase,  
27      boosting police court and jail costs remarkable;  
28      causing loss to local merchants and insurance firms  
29      and introducing the possibility of violence which  
30      can scarcely fail to increase through escalating





1       reprisals between police and transients.

2                       The provisions must be made and  
3       they must meet the needs of the young transients.  
4       In making these provisions two points are vital:  
5       First, the counselling services must be provided by  
6       people who understand the problem. Professional  
7       qualifications are of no value in this matter.  
8       Experience is the critical requirement for those  
9       who work with young transients. Young people from  
10      the drug community who show interest, who have had  
11      extensive drug experience and have earned the  
12      the confidence of their fellows are the only counsel-  
13      lors who can establish the necessary trust with the  
14      travelling youngsters.

15                    The Federal Government must  
16      instruct the R.C.M.P. and the City Council must  
17      instruct the Municipal Police not to harass young  
18      transients. They should no more be the target  
19      of police scrutiny than any other citizen. Further,  
20      the police must be instructed to leave the hostels,  
21      or other facilities that may be set up, alone, unless  
22      they are <sup>called</sup> to take care of some emergency they should  
23      not enter the facility. Except in cases where hard  
24      narcotics or amphetamines are involved, no drug  
25      charges should be laid and no arrests should be  
26      made in or in the area of the facilities involved.

27                    And I think that those two  
28      points are really vital in any program. I under-  
29      stand that there is a program afoot to establish  
30      hostels, but if those fail, and they can fail if



1 they are not handled in such a way that the young  
2 people can feel safety and can feel that there  
3 is something in the hostel situation which will  
4 be of value and will permit them to be outside  
5 the areas of danger, I don't think that they will  
6 appear on the scene. And the consequences of  
7 there not being able to utilize such facilities  
8 will be very bad for the young people and the  
9 community.

10 So that the two points I  
11 would like to stress, that the people who should actually  
12 handle the contacts with the young people are the  
13 people who know the drug scene from inside and  
14 that in each instance the police should be requested  
15 not to harass the situations involved. The past  
16 history of many cities in Canada and our own have  
17 been such that where facilities of one kind or  
18 another such as drop-in centres have been established  
19 they have been closed down after a very short time.  
20 Sometimes the city has had to re-establish them  
21 at extreme cost. Edmonton, I believe, was put  
22 in that situation. But these are the important  
23 points, I think.

24 There is one other critical  
25 matter I am sure the Commission is aware of. That is the  
26 hazard of what happened in New York and the larger  
27 urban areas of the United States where the shortage  
28 of marijuana due to enforcement procedures made it  
29 possible for the people from the drug syndicates,  
30 the large operators to lower the price of heroin,



1       sensing a very large market, so that heroin became  
2       the most available drug in the locality and this  
3       is causing disaster and that disaster is pending  
4       over every city in North America as the same thing  
5       happens. For that reason I feel it is vital that  
6       marijuana and hashish be legalized, and many other  
7       reasons, too.

8                       MR. STEIN: What is the basis  
9       of your assumption that the availability of  
10      marijuana would in any way cut down on the interest  
11      in heroin? You stated this as an assumption.  
12      What basis do you have for this assumption?

13                     DR. BLEWETT: The only basis  
14      I have for that assumption is the knowledge I have  
15      been able to gain through the young people that  
16      I have encountered who have been involved with  
17      drugs. If there is any portion of the drug  
18      education program that has had any effect, I think  
19      it is the fact that many young people tend to be  
20      leery of the amphetamines, particularly methadrine,  
21      and of heroin. Yet where the soft psychedelics  
22      are not available, the evidence seems to be, at  
23      least from my knowledge here gained from Time  
24      Magazine, which is probably not the ideal source,  
25      that there is a tremendous and rapid increase  
26      in the use of heroin.

27                     MR. STEIN: Would you care  
28      to comment at all on your own experience in  
29      relation to the Saskatchewan situation regarding  
30      the multiple use of drugs by young people?





1 In other words, we have been presented with the  
2 proposition that there really are very few young  
3 people that haven't experimented  
4 where they can with whatever is available. This  
5 is an oversimplification, but nevertheless the  
6 suggestion has been made that there really isn't  
7 quite the discriminating approach to drug use that  
8 one might believe if one listens to the argument  
9 about marijuana in a very strict sense, that in  
10 fact, multiple drug use, not that this is a  
11 causation, the point isn't necessarily made that  
12 there is a need for this to happen, but it is  
13 happening, that young people are using whatever  
14 happens to be available for kicks or for whatever  
15 reason. What kind of knowledge might you have on  
16 this?

17 DR. BLEWETT: Such knowledge  
18 that I have is limited and limited particularly  
19 to the situation that we have here in the city.  
20 Regina has not been sort of on the major trade  
21 routes as far as the hard narcotics have been  
22 concerned and the history of the use of hard  
23 narcotics in Regina has not been extensive.  
24 The people that I know, and it may be a function  
25 of the fact that hard narcotics have not been  
26 available, have been unwilling to use hard narcotics,  
27 have seen them as very extreme dangers and have not  
28 become involved. I have heard on occasion of  
29 small amounts of heroin being in the city. I believe  
30 I have encountered possibly a half a dozen young



1 people who have used heroin. Now there may be  
2 much more extensive use than that that I am not  
3 aware of, but of all the young people that I  
4 know, I know of none of them who would use  
5 heroin if marijuana were available.

6 THE CHAIRMAN: Dr. Lehmann?

7 DR. LEHMANN: Well, along  
8 this line of reasoning, and this is a very  
9 important issue, because of the catastrophic  
10 increase of heroin in the States, not very far  
11 from our borders, and some evidence that there  
12 is an increase of use in heroin in Canada. You  
13 reason that or you propose a theory that if a  
14 mind altering drug such as marijuana which has  
15 been used by youth for sometime would be made  
16 available then there would be no switch to heroin  
17 and that the switch to heroin in the States or  
18 possibly here might be the consequence of the fact  
19 that another drug, to relax the mind or a euphoriant  
20 and so on is no longer available. But then alcohol  
21 has been and always is available and one cannot  
22 reason that young people do not use alcohol or  
23 avail of it because it is still the most widely  
24 used drug even among young people at the high school  
25 level.  
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Also, we have been told more than once by some young people that, "just as soon as marijuana will be legalized" -- if it will be, I don't know -- "as soon as marijuana would be legalized I'd get off it." In other words, there is a possibility that certain mind-altering drugs such as cannabis have attraction only as long as they are illegal, and that would mean that as soon as it became available legally like alcohol, it would no longer have this attraction, and that other drugs would be involved. And I am just wondering whether your reasoning would not hold that if we make marijuana more available, then heroin will be just as big.

DR. BLEWETT: My reasoning may be faulty. However, alcohol, I think, in some ways can be compared with the use of psychedelic drugs in terms of social incidence or in terms of the number of people who have become (indiscernible) in their use of it. I think beyond that there is no comparison, that alcohol shuts the mind out until it has become a sodden blob. But the psychedelics on the other hand -- the very nature of the term is related to the expansion of the mind, the opening of the senses to an increased and enhanced awareness. I think that one of the major problems here, it has been suggested that the use of marijuana leads on to the use of harder narcotics and in setting that up, it becomes a self-fulfilling hypothesis when the softer psychedelics are not available because young people who have developed friendship patterns, who have developed patterns of behaviour centering around





1 the use of marijuana -- when this is shut down,  
2 trying to seek those friendship patterns or maintain  
3 them in other circumstances, they are more likely to  
4 turn to another drug as opposed to alcohol.

5 The real danger, I think, is that  
6 the mis-education which our drug education programs  
7 have provided has made it now so that it is no longer  
8 easy to convince young people of hazards involved in  
9 heroin addiction, because they feel that we lie  
10 extensively to them about the dangers connected with  
11 marijuana, and this very fact has debased the credence  
12 in anything that you can say about the use of drugs.

13 It may be that Canada faces the  
14 same disastrous increase in the use of hard narcotics.  
15 I sincerely hope not. The one major line of defence  
16 I see, and I believe would be effective, is the  
17 legalization of marijuana.

18 While some young people may say  
19 that they will not use marijuana if it is legalized,  
20 I tend to be skeptical of that statement and that  
21 skepticism is simply based on observation. I believe  
22 that there is a certain safety involved in the use  
23 of harmless substances which seem in every instance  
24 to be better than and more than adequate substitutes  
25 for the hard narcotics. In fact, they have been used  
26 in the treatment of hard narcotics patients, and  
27 successfully.

28 DR. LEHMANN: You mean cannabis  
29 has been used in the treatment of people involved  
30 with hard narcotics?



1 DR. BLEWETT: Yes, there are  
2 about three studies in that area. In fact, I think  
3 there are a few copies in the room here we would be  
4 pleased to present. There is an article in Science  
5 which deals with that problem; and one deals with the  
6 1890's, two of them more recently in the United States,  
7 where marijuana was used to overcome withdrawal symp-  
8 toms and to displace addiction to heroin and sub-  
9 sequently where the medication was decreased ---  
10 (portion inaudible) subsequently when that pattern  
11 was established, then the individual didn't get with-  
12 drawal symptoms in discontinuing use of marijuana.

13 DR. LEHMANN: And the follow-up  
14 studies -- how long did they stay off heroin?

15 DR. BLEWETT: Quoting, there is  
16 some difference on that. I can provide you with the  
17 article.

18 DR. LEHMANN: I think I know them  
19 and I don't think they followed them for very long.  
20 And the fact, of course, has to be considered that  
21 barbiturates have been used quite successfully for  
22 many years to suppress withdrawal symptoms, and I  
23 suppose alcohol could be used for suppression in  
24 various instances.

25 So to help somebody over the  
26 withdrawal symptoms really is not the problem. The  
27 problem is that these people later will not relapse,  
28 and I do not know of any study that has established  
29 that the use of cannabis is helpful in that respect.

30 DR. BLEWETT: I can provide  
you with the study, but I think that the important



1 point is, the possibility, the dangers of an  
2 increase in heroin addiction is very high, and I  
3 don't see that stopping the supply of marijuana  
4 will in any way improve that. In fact, it will  
5 make it worse.

6 THE PUBLIC: May I ask one  
7 more question, please? Is it OK?

8 THE CHAIRMAN: Yes.

9 THE PUBLIC: What I was  
10 wondering is, we are dealing with young people, and  
11 I get the impression that basically our dealings  
12 are strictly facts and percentages, and I think  
13 we should work it so we don't have to worry about what  
14 the percentage of people staying off it is. Like,  
15 for instance, you were mentioning, the Government  
16 of Saskatchewan is going to start a hostel project  
17 or something like a go-between or half-way house --  
18 you mentioned that?

19 DR. BLEWETT: No, it is not  
20 the Government of Saskatchewan, it is a National  
21 Work Task Force which is trying to set up hostels  
22 across Canada to take care of the number of young  
23 people who have been moving about.

24 THE PUBLIC: You also  
25 mentioned that the way of getting to these young  
26 people was working with people that were involved  
27 with drugs, is that not correct?

28 DR. BLEWETT: Yes, I think  
29 that is the only way it would work.

30 THE PUBLIC: Yes, and therefore





1 I agree with you 100% when you say it should be  
2 legalized, and I don't agree with anybody who says  
3 that people are going to stop smoking marijuana  
4 when it becomes legalized, because I think that  
5 the people who are smoking it are just taking it  
6 for what it is. It is a socially accepted thing  
7 as far as they are concerned. I think that is the  
8 way they look at it. And the kids who go off and  
9 have the trips with the harder drugs and so on,  
10 heroin and that, we have got to keep them from  
11 reaching that point, and it is, like, just for  
12 instance, would it be OK if I mentioned a place  
13 called "Cool Aid"? Are you familiar with Cool Aid?

14 DR. BLEWETT: Cool Aid and  
15 Trailer are the two places I seem to be familiar  
16 with and what I consider to be very adequate  
17 beginnings.

18 THE PUBLIC: I had the fortune  
19 of working in Vancouver with Cool Aid, and there are  
20 people there sacrificing everything to spend all  
21 their time and all their energies and finances for  
22 these young people coming from the rest of Canada,  
23 and what Cool Aid does is set up houses -- like,  
24 for instance, my job in Cool Aid is to look out  
25 for housing, that is one of my jobs. And I look  
26 around, like, for instance if a house has a rent  
27 sign on it, we try to find out if it is possible  
28 to set this up on a communal basis, and then we  
29 get young people who are familiar with the use of  
30 drugs and are able to relate to these young kids.



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1 time we get pressure from people is when people  
2 don't understand what we are trying to do. They  
3 think we are hippies. They think because the guy  
4 has long hair he has not got a brain and cannot  
5 offer anything <sup>to anybody</sup> else. That is the impression I get  
6 from a lot of straight people. They think, "these  
7 kids are so mixed up they don't know what they are  
8 doing", yet in essence we are getting to the nitty-  
9 gritty of the whole problem.

10 Like, for instance, to supply  
11 food for the Cool Aid houses, some of the fellows  
12 were looking after -- one baker gave us a tremendous  
13 amount of bread about three times a week and that  
14 supplied all of our Cool Aid houses, And, in other  
15 words, when kids are coming from Toronto, Regina  
16 or the rest of Canada, they happen to go to Vancouver,  
17 they need a place to stay. So, if they stay on the  
18 beach in the summer, if they stay in the parks,  
19 the police arrest them and put them in jail or send  
20 them back home, or they are sent to Children's Aid,  
21 but we are lucky enough to get a hold of them.  
22 We grab them by the hand and pull them along and  
23 show them -- we don't tell them, "Now, look you've  
24 got to do this, you've got to do that". We say,  
25 "Look, you are very welcome to stay here until  
26 you find a place to live and you find a job, and  
27 if there is anything you need just go ahead and  
28 ask."

29 DR. BLEWETT: You are laying out  
30 what I consider to be the essentials of any program





1 for young people who are transients coming through a  
2 city. I think this represents probably -- Trailer  
3 in Toronto and Cool Aid in Vancouver seem to be the  
4 best representatives to look to.

5 MR. STEIN: Are you still  
6 working for Cool Aid?

7 THE PUBLIC: Yes, sir. You  
8 see, I don't get paid.

9 MR. STEIN: Do you still  
10 consider yourself involved on the staff of Cool Aid?

11 THE PUBLIC: Most definitely.  
12 I mean anybody who comes down to the Cool Aid houses  
13 and wants to pitch in and help and do something for  
14 another person is a member of Cool Aid automatically.  
15 In other words, they are not ---

16 MR. STEIN: I'll tell you  
17 what was in the back of my mind, I am just interested,  
18 in the terms -- you don't have to answer this if  
19 it is not possible, but are you seeking resources  
20 for Cool Aid here in Saskatchewan?

21 THE PUBLIC: No.

22 MR. STEIN: You are just here  
23 on a holiday, perhaps?

24 THE PUBLIC: I am not here  
25 on a holiday at all. I am here on a very serious  
26 matter. A very close friend of mine has been ---

27 THE CHAIRMAN: It is not  
28 necessary for you to speak about it here.

29 MR. STEIN: I was only  
30 interested in knowing whether Cool Aid was seeking



1 financial and other resources in other parts of  
2 the country.

3 THE PUBLIC: No, sir.

4 MR. STEIN: That was the  
5 reason for my question.

6 THE PUBLIC: You asked me  
7 a question I wasn't given a chance to answer.

8 THE CHAIRMAN: I don't think  
9 you should be asked in public why you are here and  
10 I don't think you should answer that.

11 THE PUBLIC: It is very  
12 important, to deal with what we are discussing, sir,  
13 so far as marijuana is concerned. In other words,  
14 a friend of mine, or let's say, a young man is  
15 being charged with trafficking or possession. Now,  
16 I am here to try to help him.

17 MR. STEIN: That is fine.

18 THE PUBLIC: That is what  
19 Cool Aid does. Cool Aid just tries to do everything  
20 they can, and I wanted to ask the gentleman another  
21 question, if I may.

22 One of the fellows asked  
23 you, for instance, have you looked up statistics  
24 on that sort of thing. Don't you think that if  
25 marijuana were legalized and we could communicate  
26 with these young people that -- like, what do you  
27 think of the idea of setting up homes, like you  
28 wouldn't have to go to the government for any  
29 resources. The people who smoke marijuana, the  
30 heads, they are called heads, I think, who smoke



1 marijuana, would be quite willing to take in a  
2 person. Like, for instance, would there be anybody  
3 in this room, if they knew someone who needed a house  
4 to stay in for a couple of days and needed a little  
5 bit of guidance, would they be willing to give them  
6 a house or a place to sleep, and a little bit of  
7 friendship and guidance for a couple of days?  
8 I mean, you know -- everyone is willing to help  
9 but it is the young people who want to help. And  
10 like, there was a staff in Cool Aid, we have seven  
11 houses. Now, I am not making anything materialistic --  
12 I'm sorry, would you like to say something, sir?

13 THE PUBLIC: Mr. Chairman,  
14 I am not against young people expressing their  
15 opinions, and things like this, but it is my under-  
16 standing the Commission wants to expose itself to  
17 a maximum amount of meaningful information and it  
18 seems to me that this young chap has had an ample  
19 opportunity to share his concern and express his  
20 ideas. But I know personally that there are a  
21 number of people in this room who have a tremendous  
22 amount of information to share with this Commission  
23 and I am afraid you are not going to get it unless  
24 something is done to facilitate their participation.  
25 Thank you.

26 THE CHAIRMAN: Dr. Blewett, ---

27 THE PUBLIC: I would like to  
28 apologize in that case for taking too much time.  
29 I am just trying to help, that's all. That's the  
30 only way I know how, to stand up here and ask this





gentleman questions. I mean, I am very new at this thing, and I have seen young kids smoking marijuana, and on heroin, and that's all I am trying to say.

THE CHAIRMAN: Thank you.

Dr. Blewett, have you any further observations?

DR. BLEWETT: No. The other observations are contained in the brief I submitted.

THE CHAIRMAN: Thank you.

I call on Mr. Leaf Loor of the Swift Current Ministerial Association.

Would you like to be seated at the table, Mr. Loor?

MR. LOOR: Mr. Chairman, my name is Larry Leaf Loor and with me is Walter Donovan. We are both ministers in a community to the west of Regina, Swift Current by name. It is about 16,000 people in size and is situated on the Trans-Canada Highway.

We come as representatives of an Association of Ministers that represents sixteen churches in the community and we speak to you briefly on their behalf.

We have come the distance from Swift Current to here, not because we have anything that we feel is particularly unique to be said that hasn't been heard by the Commission before, but because that we felt that it was important that a community such as Swift Current at least have an



Swift Current is a conspicuously super-straight town. It is very, very up tight about drugs and very resistant to change and has a hardened pattern of rejection, of non-conformity. And yet, in spite of that we come to encourage the Commission, to encourage the government to change the laws of the country concerning marijuana in particular, and we think we represent not just the ministers of the community but the feeling of many -- a vast number of people in the community as well, and Mr. Walter Donovan of the Presbyterian Church has come with me, and would like to draw your attention to a couple of items in our brief which we would particularly like to emphasize.

MR. DONOVAN: Mr. Chairman, members of the Commission, ladies and gentlemen, as indicated the brief is here, and I think the suggestion has been made already regarding the changing of the placement of marijuana under The Food and Drug Act so it is not a criminal offence, to the extent that it is now at least. And for those, in the meantime, before such is done, any apprehended for the offence as it is now regarded, should be, we suggest, placed on probation without being given a criminal record up to a total at least of three offences at the discretion of the judiciary, and that the offender with his or her parents receive counselling from persons with training and competence

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1 in the field and we would say "Amen" to the  
2 suggestion made earlier that professional training  
3 as such may not necessarily need any particular  
4 qualification for this counselling.

5 And one other point that we  
6 attempt to make, and I don't know how this can be  
7 particularly accomplished through this investigation,  
8 but we would suggest that the two points  
9 perhaps, the illegal production and distribution  
10 for the non-medical use of controlled drugs be  
11 punishable with the imposition of an extended  
12 prison term, not in the punitive sense, but rather  
13 that the offender might be removed from society  
14 not only for society's sake but for his own, that  
15 he may be rehabilitated for a fruitful role in  
16 society. And in connection with that, this would  
17 be perhaps outside this Commission's jurisdiction,  
18 but somehow request<sup>that</sup>/the federal government initiate  
19 and implement such penal reforms as will help  
20 rehabilitation by way of spiritual and educational  
21 assistance in facing reality for those individuals  
22 facing sentences for their abuse of drugs for the use  
23 of LSD, alcohol, etc. These are the points.

24 THE CHAIRMAN: Thank you,  
25 Mr. Loor, and Mr. Donovan.

26 What do you gentlemen feel  
27 about the role of the churches in relation to this  
28 phenomenon, both what has been done or what hasn't  
29 been done and what may be done?

30 MR. LOOR: I feel that we have





1       compounded the problem that most of the  
2       resistance to change and resentment of and hostility  
3       towards non-conformity has been reinforced by the  
4       church, and that we have to bear a lot of guilt  
5       on this matter, and we are not that hopeful either  
6       that the church is going to come, is willing at  
7       this point to play much of a role in remedying  
8       the situation. I hope that it might, but I suggest  
9       that it won't.

10                   THE CHAIRMAN: Do you see  
11       any spiritual or what might be called generally  
12       religious significance or implications in this  
13       phenomena, and the related concerns?

14                   MR. DONOVAN: I think we  
15       attempt to mention this in the preamble to our  
16       brief, that the "drug problem" is symptomatic of  
17       a deep spiritual and psychological and perhaps  
18       physical problem as well among people, and in  
19       attempting, from our point of view, to find the  
20       solution in physical things rather than in man's  
21       creator, God, that there is a very great likelihood  
22       that man is going to find his way into avenues  
23       which will ultimately defeat and destroy him and  
24       society as well as the nation as a whole.

25                   THE CHAIRMAN: Dr. Lehmann?

26                   DR. LEHMANN: In regard to  
27       your last statement, I am just wondering about how  
28       you think or feel about the statements that are  
29       frequently made by drug users and those who have  
30       analyzed the drug scene, namely that/<sup>in</sup>the use of



1       psychedelic drugs, it can be shown that there is an  
2       increase of religious feeling and religious experiences  
3       and there is also quite noticeable for anyone in the  
4       writings and pronouncements for those who are on the  
5       drug scene, a much greater preoccupation with the  
6       spiritual matters than there has been before the  
7       psychedelic drugs came.

8                       Now, how would you reconcile  
9       this with the statement that you just made, that  
10      there is a turning away from God?

11                     MR. DONOVAN: Well, perhaps the  
12      establishment per se has been related with God. Just  
13      as an aside, perhaps, the credibility gap grows  
14      as soon as the youngster learns that Santa Claus  
15      is not real and the church is regarded as the spokes-  
16      man of the Creator, and if the young individual or  
17      any individual says -- doesn't hear it, the message  
18      that he feels is the message that he must have, a  
19      kind of acceptance. If the judgment of the church and  
20      clergy is coincidental and parallel to the judgment  
21      of the Establishment, then he is turned off.

22                     And he may find physically,  
23      the use of drugs, what they are seeking and it  
24      wasn't available through the church people that he  
25      knows ---

26                     DR. LEHMANN: It is not so  
27      much then a loss of God or feeling or seeking for it,  
28      but a loss of communication with the Establishment?

29                     MR. DONOVAN: Yes, sir.

30                     (Page 79A follows)



1 MR. LOOR: Could I comment  
2 on one of these things?

3 I would have to say that the  
4 question as to the increased spiritual concern  
5 and awareness of drug users is open, and I think  
6 people who I know who are drug users mainly realize  
7 that there has got to be some factuality to that,  
8 but I am not prepared to make any real hard judgment  
9 on it, and yet I am afraid the church is not willing  
10 just on those grounds alone, to endorse the drug  
11 usage, because it might have a spiritual spin off.

12 The question was asked  
13 earlier about the role the church might play in  
14 the whole issue. And hopefully the Church might  
15 have an influence on community attitude, and there  
16 it could play a very major role. I think some of  
17 the straight people, at least in relationship to  
18 the drug users that I personally know, some of  
19 the straight people who have been able to establish  
20 rapport and openness towards them have done so  
21 because of Christian motivation and conviction,  
22 and so maybe on an individual basis there are things  
23 being done and we can hope for more.





MR. STEIN: In Swift Current  
at the present time that involve  
ing to assist them when difficul-  
seage? In other words, if you  
is morning you would have heard  
ne desirability of having crisis  
outhful persons and assisting  
sis occurs. Is there anything  
Swift Current at the moment?

MR. LOOR: Two things have happened in Swift Current recently that I am not happy about and one is that a drug committee has been established that is disciplinary and it has a number of people on it including clergy and they gathered statistics and have attempted



1 education but not much in terms of treatment or  
2 crisis approach. One of the things that has happened  
3 is that these people say, "Isn't it nice, we have  
4 solved the problem," because they know the Commission  
5 is around -- not the Commission but the Committee.  
6 So maybe we have lost ground and yet the other thing  
7 is that there are approachable people who have made  
8 the drug users aware of the fact that they are  
9 approachable people who have made the drug users  
10 aware of the fact that they are approachable and  
11 have some confidence and these people, some of them  
12 are doctors, some psychiatrists. But in terms of  
13 an organized approach, one of the things that com-  
14 plicates our situation in Swift Current is that we  
15 have a very large amount of transients moving across  
16 Canada. Swift Current is nowhere. There is a long  
17 distance from Swift Current to anywhere and a lot  
18 of them stay there and most people assume they are  
19 drug users and there is a rejection of them and this  
20 creates this situation. We have not come to grips  
21 with it.

22 THE CHAIRMAN: Mr. Loor, do you  
23 think in this kind of community, a disciplinary  
24 committee can be set up in a kind of representative  
25 way with these people on it? Is it capable of  
26 establishing, from your observations, establishing  
27 confidence with the young people and making them  
28 feel that it is accessible? This is a problem,  
29 it has been recommended, we have seen evidence of  
30 which yours is an example, and other places and  
then we questioned the people and the



1 membership, how it is developed, its character.

2 There is a question raised that when you have touched  
3 all the phases, you have spaces left, or a lot of  
4 other people who have involvement and contribution  
5 to make including young people who are not part of  
6 an official youth organization. We have not formed  
7 an opinion, I would just like your own observation.

8 MR. LOOR: My observation is  
9 that the kind of committee that has been established  
10 in Swift Current is rather impotent for other than  
11 collecting statistics because its from professional  
12 spectrums and because they have been involved in  
13 rather farcical attempts at educating the community  
14 on drug issues which has resulted in some derision  
15 from the young people and I think handicapped the  
16 committee in terms of developing relationships. But  
17 maybe we could handle it if we had a chance to re-do  
18 it.

19 THE CHAIRMAN: There seems to be  
20 a very difficult problem here. On the one hand you  
21 naturally feel that any such initiative is good  
22 and should be encouraged and there also seems to be  
23 a very negative thing and on the other hand we have  
24 the impression very distinctly that there must be  
25 scope for a great variety of contributions in  
26 relationship to this phenomena and a great variety  
27 in relative formality or flexibility and so on,  
28 organization. And you have the serious point it seems  
29 to me that you have sort of implied that there is a  
30 great desire to co-ordinate and to bring emphasis on  
this, I understand, but there is possible danger that





1 you create a kind of focus, a magnetic centre to the  
2 whole thing which tends to be thought of in the com-  
3 munity as "the" thing of the phenomenon, the only  
4 thing, the authoritative thing, and one wonders if  
5 that can have a kind of a foreclosing effect or  
6 discouraging effect on that type of organization.  
7 This is a problem which we are trying to think through.

8 MR. LOOR: People I know, adults,  
9 straight people relating to the drug community in  
10 Swift Current are not really deterred by the existence  
11 of an official drug use committee. I don't think it  
12 is really a handicap, but they just go their separate  
13 ways.

14 THE CHAIRMAN: So that you think  
15 that on balance, this community representative or  
16 community representation should be encouraged as a  
17 useful role?

18 MR. LOOR: Right, but do not  
19 expect that much from it.

20 THE PUBLIC: Could I ask a  
21 question?

22 I am a social psychiatrist  
23 by profession. Most societies maintain themselves  
24 through having some sort of respect, special respect  
25 for the authorities in that society. I was wondering  
26 if any of you feel that the present illegal status  
27 of marijuana, what does this do towards authority  
28  
29  
30



1 in society, just in your personal observation?

2 MR. LOOR: The last sentence?

3 THE PUBLIC: Yes, what do you  
4 think is the effect of the illegal status of  
5 marijuana on the attitudes of young people who  
6 smoke marijuana? What is the effect of this on  
7 authority in society? It could be religious, but  
8 I'm thinking more of legal authority, or authority  
9 in general -- respect for the society. I am  
10 interested only in your own personal observations  
11 on this.

12 MR. LOOR: Well, because maybe  
13 I know a large percentage of the drug users in  
14 Swift Current to begin with, they are troubled by  
15 the hypocrisy regarded as typical of the straight  
16 world which they are not happy with. But in terms  
17 of affecting their behaviour as a result of rejection  
18 of authority because they see this as an abuse of  
19 authority, and a hypocritical kind of law, that is  
20 not necessarily valid. I don't see the legalization  
21 or illegalization of marijuana as really having  
22 much of a significant effect on how they behave --  
23 maybe in terms of what they think and talk about,  
24 not in terms of behaviour.

25 THE PUBLIC: I am associated  
26 with the gentlemen at the table, and I'm speaking  
27 on behalf of George Barron of the Salvation Army,  
28 but we have been involved with alienated people  
29 for some hundred years and (portion inaudible)  
30 and I have made a study of this and I concur with



1 predecessors, our parents and many people still  
2 attend to in fulfilling needs through involvement  
3 through the churches, and this applies perfectly  
4 well to the comments that have just  
5 been made.

6 Speaking to the use of marijuana  
7 and psychedelic drugs and relating back to the churches  
8 and relating back to Genesis where it says that the  
9 problems that we are faced with at times seem to  
10 stem from the time of the Garden of Eden and  
11 the fruit of the Tree of Knowledge, of good and evil.  
12 It seems to me that the generation which I feel a  
13 part of, the people who use marijuana, have found  
14 the means that fulfills for us and begins to help  
15 us to see that there is a way of transcending the  
16 dichotomy of looking at the world in terms of black  
17 and white, good and evil. It seems to me that the  
18 solution, the resolution of our problems is going  
19 to come through the synthesis, an organic synthesis  
20 and awareness of our total interrelation among  
21 all of us here, among us as a human animal and  
22 between us and our environment, and organic and  
23 dynamic relationship which is sympathetic or not  
24 split apart into polarities of good and evil.

25 It seems to me that there is  
26 a religious problem that the organized churches  
27 and the organized governments not only have up till  
28 now avoided the real problems, but have set a  
29 number of barriers in the way of those of us who  
30 are looking for our own lifestyles, development of





new lifestyles, development of a way of living,  
I, myself, in relationship with those around me,  
to see human beings, to transcend what society  
has taught us, <sup>that</sup> and we must look at things in terms  
of good and bad. And that is the way of looking at  
the drug scene in terms of good and bad.

But, I am suggesting that  
there is a new orientation that is rising, a  
generation of people, whether or not they are using  
marijuana or any other drugs,

— page 88



1 and that the great religious teachers everywhere  
2 have taught that it is through the transcendence  
3 of these polarities that we can begin to reach  
4 even in terms of Christian literature to return  
5 and regain the Garden, "Here we are. The earth is  
6 a garden and if we spend all our time dealing with  
7 false issues instead of the real issues, we are  
8 going to lose our own lives along with all other  
9 lives." That is what the young people are talking  
10 about today, and I am sure the Commission has heard  
11 this from other people.

12 It seems to me that the  
13 legalization of marijuana in itself is not going  
14 to solve the problem in relieving us of a lot of the  
15 hassles when it is quite evident that the legalization  
16 would probably come about when the tobacco and/or  
17 alcohol, and/or chemical companies feel fairly  
18 certain that they have control of the distribution.  
19 And as happened with a number of other products,  
20 and part of the farm problems on the prairies here,  
21 is that there is such control over seeds that  
22 the farmers are completely locked into a corporate  
23 capitalist system. And the legalization of marijuana --  
24 in considering the legalization of marijuana, the  
25 Commission must consider -- must somehow maintain  
26 the importance of restraining the involvement of  
27 the existing corporations in getting ahold of  
28 that. In other words, those of us who are involved  
29 in what is called the drug scene want to maintain  
30 control of not only our own lives but the food, the



resources that are available to us. One of those is going to include, must include, seeds; not only food seeds but seeds of a certain plant which has been considered sacred by some people, has been considered medicinal by some people and will be corrupted as tobacco has been corrupted so that so many people's bodies have been polluted by a plant which was originally a sacred plant by the native peoples of North America.

THE PUBLIC: Mr. Chairman, using the church as an analogy, isn't the real challenge to your Commission, to a government agency involved in community education, in health services and this kind of thing; and isn't the problem really, "How do I keep my grandmother's feelings secure and happy and taking care of her needs, and at the same time taking care of the needs of the adolescent?" And it seems to me our community puts a tremendous amount of stress on the needs of the adolescent, special programing, the unique learning situations and this kind of thing, but we seem to have made the assumption that once<sup>a</sup>/man becomes twenty-one years of age, that he no longer has needs and difficulties and the need for the learning of rare experiences and this kind of thing. And whereas the church has come out with a new theology that is challenging some of its youth, it knocked my grandmother right on her can and when I went home at the Christmas holidays I had to spend a considerable amount of time ~~with~~ her at the United Church





1       Nursing Home, reconciling with her the fact that,  
2       well, now, because they are saying God is dead,  
3       it doesn't mean you have wasted sixty-five years,  
4       so       I feel that as a person involved in this  
5       area, that the Commission should be asking itself  
6       not just, "How do you take care of the needs of  
7       the individual in terms of responsible legislation  
8       and programming, and things like that, but, rather,  
9       "How do you change the whole community climate  
10      that is going to be conducive to a better level of  
11      mental health for everyone, and a greater willingness  
12      on behalf of, say, for example, people to consider  
13      other people's points of view?" I mean, do people  
14      basically negotiate for positions of security or  
15      do they negotiate for positions of insecurity,  
16      and if the hypothesis is correct that people are  
17      secure they are willing to change and look at new  
18      possibilities, then I think this should be the  
19      target area for community education programs for  
20      the church and different things like that.

21                       Thank you.

22                       THE CHAIRMAN: Thank you.

23                       Mr. Donovan?

24                       MR. DONOVAN: I would agree  
25      with the speaker over there that we all want to be  
26      really full, 100% members of the human race. This  
27      is, I think, in basic terms what everybody wants,  
28      to be recognized as a member, fulfilling his role  
29      as a member. And the only problem with that is me;  
30      that I find I am my own worst enemy in this, and I



1 suspectI have a lot of company in this regard.

2 And the answer is not in  
3 eliminating all of the no's. I think in the growing  
4 up process there is a "yes"and a "no"involved, and it  
5 is our view that at the presenttime, along with the  
6 request that we urge further research, and this has  
7 been made several times this morning, we request  
8 that at the present marijuana be not legalized. We  
9 do not see that it wouldperform a positive result at  
10 this time.

11 THE CHAIRMAN: Are there any  
12 other questions or observations at this time?

13 We probably should adjourn  
14 now because we are going to the Regina campus of  
15 the University of Saskatchewan from 1:00 until 2:00  
16 where we will have an informal hearing with students  
17 in Room 37 of the Classroom Building, and we will  
18 resume here at 2:30 this afternoon where we will  
19 hear from the Board of Education, the Regina Public  
20 School Board, and the Regina Collegiate Institute  
21 and others.

22 I think we will declare this  
23 hearing adjourned until 2:30 here this afternoon.

24 --- Upon adjourning at 12:15 p.m.  
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1 --- Upon resuming at 2:40 p.m.

2 THE CHAIRMAN: I apologize  
3 for being late, ladies and gentlemen. We have just  
4 come from the University of Saskatchewan where we  
5 had a very spirited, stimulating meeting. Excuse  
6 us for being late, and thank you for your patience.

7 Now, I call upon a repre-  
8 sentative of the Board of Education for the Regina  
9 Public School District No. 4 and the Regina  
10 Collegiate Institute. Is it Mr. Knoll?

11 DR. McLURG: I am Dr. J. A.  
12 McLurg. I am the Chairman of the Board of Education,  
13 and I wish to introduce Mr. William Ewart, who is  
14 the Senior Manager in Special Education, who has  
15 done most of the work in preparation of this brief.  
16 I will ask Mr. Ewart to make the submission.

17 THE CHAIRMAN: Thank you.

18 Is it Mr. Ewart?

19 MR. EWART: E-w-a-r-t.

20 THE CHAIRMAN: Could you just  
21 explain to us the jurisdiction of the Board of  
22 Education for the Regina School District No. 4?  
23 What proportion of the public school jurisdiction  
24 is that?

25 DR. McLURG: The Board of  
26 Public Education for involves students totalling  
27 approximately 24,000 in the City of Regina, and we  
28 have a comparable separate school system which is  
29 actually managed by two more Boards, and I am  
30 just not certain of





1 their total student population; I believe it is  
2 in the neighbourhood of 14,000. I'm not absolutely  
3 sure.

4 THE CHAIRMAN: Thank you.

5 MR. EWART: Today might be  
6 considered the "age of drugs". There appears to  
7 be a pill for almost every ailment, real or imaginary.  
8 Advertising makes its appeal. In a current Canadian  
9 magazine, approximately 30% of the advertisements  
10 were on tobacco or alcohol. The mass media have  
11 publicized and exposed the use of drugs and abuse  
12 of drugs to the public to the extent that young  
13 people have a "sophistication" about drugs based  
14 both upon fact and fancy. This exposure has  
15 implications for all of today's youth. For this  
16 reason, the Regina Board of Education wishes to  
17 acquire information, materials and ways and means  
18 to understand and assist those involved in the  
19 non-medical use of drugs.

20 Thus, while The Regina Board  
21 of Education realizes that the non-medical use of  
22 drugs has implications in all areas of society,  
23 it is concerned primarily in this brief about the  
24 roles and responsibilities the educational system  
25 should be assuming.

26 For some time the Regina  
27 Board of Education has been aware of the non-medical  
28 use of drugs among the school age population.  
29 Incidents have been reported and acted upon by  
30 the social worker, the attendance counsellor,



1 guidance counsellors, and teachers and adminis-  
2 trators of various schools, elementary and  
3 collegiate, within our system. Substances such  
4 as glue, marijuana and LSD are a few of the drugs  
5 that have been used by the young people. Much  
6 concern has been expressed by personnel over the  
7 very young age of many of these young people.

8 With the awareness of the  
9 non-medical use of drugs among the school age  
10 population, several measures have been undertaken  
11 in Regina to cope with this problem. These are:

12 1. The Regina Board of  
13 Education, together with The Regina Separate  
14 School Board, the city public health nurses and  
15 the Alcoholism Commission of Saskatchewan formed  
16 a committee to explore the possibilities of a  
17 drug education program in the Regina schools.  
18 Included in this committee were students from the  
19 city high schools. This committee has explored  
20 avenues for the introduction of a drug curriculum  
21 into the secondary schools of Regina.

22 2. A three-day conference  
23 on drug dependency for counsellors and health  
24 educators was held.

25 3. As a result of the above  
26 a curriculum committee was established which  
27 developed a curriculum on drug dependency. This  
28 curriculum is presently being taught and evaluated  
29 in a Regina high school to test its effectiveness  
30 and relevance to young people.



1 4. A research project is  
2 currently being carried out by the Alcoholism  
3 Commission of Saskatchewan. It is designed to  
4 determine the extent of the use of all kinds of  
5 drugs among students of the secondary schools  
6 plus being a study of attitudes, motivations,  
7 educational achievement, and socio-economic variables  
8 that influence the use of drugs among this group.

9 5. Numerous expert speakers,  
10 audio-visual presentations, and meetings have been  
11 conducted with teachers.

12 6. Several schools have  
13 devoted staff meetings to the non-medical use of  
14 drugs.

15 7. Health classes, group  
16 guidance sessions, and other classroom presentations  
17 have been made to students.

18 8. Community involvement has  
19 been very much in evidence. Television and radio  
20 programs, a presentation of films in the city parks  
21 and school grounds for young people during the  
22 summer months, are only a few examples of the  
23 community involvement.

24 9. Interagency co-operation  
25 is another of the measures undertaken. The Regina  
26 Board of Education's personnel have worked in  
27 co-operation with the City Police Department, the  
28 Department of Social Welfare, the Alcoholism  
29 Commission of Saskatchewan, and many others.

30 The above represent only a few





1 of the measures undertaken. However, they do point  
2 out that there is an awareness by the Regina Board of  
3 Education and the community of the non-medical use of  
4 drugs among the school age population.

5 The Non-Medical Use of Drugs  
6 A Cursory Examination:

7 The very terms that are now  
8 applied to drug misuse -- whether a person has an  
9 addiction, an habituation, a physiological dependence,  
10 or a psychological dependence to a drug -- is important  
11 in communication with young people, as each of the  
12 above terms indicates a relative degree of dependence.  
13 In addition, young people are quick to point out that  
14 society today has many dependency problems both relat-  
15 ed as in alcohol and tobacco, and unrelated as in grow-  
16 ing dependence in our society on psychiatric and  
17 psychological help through drugs. Thus, they question  
18 our questions, and we as educators must be prepared to  
19 cope with this and to supply reasoned and logical  
20 answers to their questions.

21 They ask whether drug dependency  
22 is a greater problem than the other dependency  
23 problems of today's society. What are the real risks  
24 involved in drugs, especially the so-called "soft  
25 drugs" such as marijuana? Are there scientifically  
26 and psychologically sound answers to this question?  
27 Thus, they question whether there is a use of such a  
28 drug as marijuana without an abuse. In broader  
29 perspective, it appears that one of the issues  
30 concerning young people is whether marijuana should  
have the same acceptance



1 in society that alcohol and tobacco now have.

2 Is our emphasis misplaced?

3 Is there too much concern over the use of marijuana  
4 but not enough over the use of alcohol, barbiturates  
5 and amphetamines?

6 Are our present laws unjust  
7 or outmoded? Many youth are asking for a re-exami-  
8 nation of our present laws.

9 As educators we must be con-  
10 cerned that we can supply answers to the questions  
11 raised above.

12 The Role of Education:

13 What, then, is the role of an  
14 education system? There are several responsibilities  
15 that an education system cannot assume:

16 1. It cannot be the panacea  
17 for the problem.

18 2. It cannot assume parental  
19 responsibility.

20 3. It cannot operate in  
21 isolation from other elements of society.

22 4. It cannot "solve" the  
23 drug dependency problem, for this is a many-faceted  
24 problem.

25 However, it can attempt the  
26 following:

27 1. It can present a program  
28 to its students. It must, however, be a program  
29 that goes beyond the problem of drug use and abuse.  
30 Rather, it must deal with the whole area of dependency



1 and involve all areas of the curriculum -- the  
2 natural sciences, the social sciences, the  
3 humanities and the fine arts.

4 2. It can provide for young  
5 people someone with whom to communicate in a  
6 professional and open manner.

7 3. It can provide facts and  
8 information to students, provided that these facts  
9 are in tune with the current research findings  
10 and provided there is research to find the answers.

11 4. It can provide the means  
12 for young people to obtain help from other commu-  
13 nity agencies if such agencies are available.

14 5. It can provide a "climate"  
15 for learning, provided that educators have the  
16 methods and materials for such learning to take  
17 place.

18 6. It can help the youth to  
19 establish constructive and acceptable alternatives  
20 to the non-medical use of drugs.

21 7. It can provide information  
22 to parents based on the current findings of research.

23 8. It can be a "clearing-  
24 house" of information for all agencies involved in  
25 dealing with young people.

26 9. It can provide methods  
27 and approaches to school personnel in dealing with  
28 all aspects of drug dependency problems through  
29 providing in-service training programs.

30 10. It can examine the values





1 of our society within the context of all curricular  
2 offerings and develop goals and behavioural out-  
3 comes for our youth.

4 11. It can co-operate with  
5 other community agencies.

6 The Regina Board of Education  
7 recognizes that there is a drug dependency problem  
8 among a segment of its school age population, and  
9 further recognizes the need for the young people  
10 within its jurisdiction to receive a program on the  
11 non-medical use of drugs. It, therefore,

12 1. Expresses concern over  
13 the misuse of drugs among all segments of our  
14 society;

15 2. Expresses concern with  
16 the lack of comprehensive guidelines to deal effect-  
17 ively with the existing problem;

18 3. Recognizes that an educa-  
19 tional system has a responsibility to its community  
20 regarding this problem, and;

21 4. Asks for assistance and  
22 comprehensive guidelines for dealing with this  
23 problem.

24 Thus, it would recommend to  
25 the Commission:

26 1. That there be means of  
27 disseminating all available scientific information  
28 regarding drugs to professional personnel, especially  
29 all new information as it becomes available.

30 2. That there be a clearing-



1 house for information which can be utilized by  
2 all community agencies.

3 3. That there be a co-  
4 operative approach involving all community  
5 agencies, to avoid a fragmented program being  
6 presented to young people.

7 4. That there be an exami-  
8 nation of the laws relating to the non-medical  
9 use of drugs. This examination should determine  
10 the intent and purpose of the present laws, and  
11 ascertain whether they are in harmony with  
12 current conditions and attitudes of society. In  
13 addition, there should be an examination of the  
14 enforcement of present laws to determine if this  
15 intent and purpose is being accomplished under  
16 the present laws.

17 5. That there be an in-  
18 tensive research carried out on the non-medical  
19 use of drugs as there are presently many un-  
20 answered questions.

21 THE CHAIRMAN: Thank you,  
22 Mr. Ewart.

23 Would you like to add any-  
24 thing, Dr. McLurg?

25 DR. McLURG: No, sir.  
26 I believe the brief, as read by Mr. Ewart, supplies  
27 adequate information. Perhaps I might mention  
28 one subject and that is, the extent of use by  
29 the students in the Regina school system is  
30 really not known. No adequate survey has yet been



1 conducted, but that is in the process of  
2 development headed by the central committee  
3 which Mr. Ewart has referred to. A survey will  
4 be conducted and the results will be made known,  
5 but at the present, we have no real knowledge  
6 of these facts.





1 THE CHAIRMAN: What drug  
2 education, if any, is carried on presently  
3 in the schools in Regina?

4 MR. EWART: There are  
5 curriculum guides or course of study outline that  
6 have been presented to the physical education and  
7 the guidance counsellors of all the collegiates.  
8 This consists of a set of transparencies outlining  
9 terms such as habituation, addiction, the various  
10 types of drugs, what is known now about them.  
11 In addition with this there is the manual outlining  
12 various information we have about drugs at this  
13 time.

14 THE CHAIRMAN: What are your  
15 sources of information about drugs which were  
16 used in your education material?

17 MR. EWART: We have relied  
18 heavily on information that has been supplied by  
19 the Alcohol Addiction Foundation of Saskatchewan.

20 THE CHAIRMAN: Excuse me.

21 MR. CAMPBELL: There are two  
22 questions in particular I would like to raise with  
23 you. On page 6 of your brief, item 6, you say  
24 "it can help youth to establish the constructive  
25 and acceptable alternatives in the non-medical  
26 use of drugs."

27 Could you expand on this as  
28 to the alternatives that are particularly appropriate  
29 here and how an educational system can foster them?

30 MR. EWART: I think some of



1 the things that we are thinking here would be in  
2 co-operation with community agencies developing  
3 centres for students to go to or young people to  
4 go to so that they can have access. You might  
5 want to have discussion groups, there may be  
6 certain activities they want to carry out. This  
7 is one of the alternatives, acceptable physical  
8 educational programs, acceptable places where  
9 students can come and communicate in an open  
10 manner, to discuss problems, perhaps to work  
11 through in a not necessarily professional manner,

12 THE CHAIRMAN: What should  
13 be in your opinion -- Mr. Ewart, what should be the  
14 objective of the drug education?

15 MR. EWART: At this time I  
16 would feel the objective of drug education is  
17 to present to the students the known information  
18 as accurately as possible.

19 THE CHAIRMAN: Would you add  
20 "as fully as possible"?

21 MR. EWART: And as fully as  
22 possible, yes.

23 THE CHAIRMAN: Would you  
24 include the positives and negatives; in other words,  
25 all the facts?

26 MR. EWART: I would include  
27 all the facts whether positive or negative.

28 MR. CAMPBELL: One aspect of  
29 the positive facts that was put to us in the hearing,  
30 a number of hearings in the Maritimes, was that the



1 drug experience to a large extent is a subjective  
2 experience, feeling and reaction at the personal level  
3 of the individual and that educational programs should  
4 include the highly subjective statements of the users  
5 as to the pleasures, for instance, they had found from  
6 drugs, that the pleasure of the individual as reported  
7 is an important part of the drug experience.

8 Would you agree with those  
9 submissions that those should be included?

10 MR. EWART: Yes. I believe the  
11 counter presentations have to be there too. I can't  
12 quote the report now - Scientific American, the double  
13 blind experience, where they quoted students not using  
14 marijuana had the same subjective experiences. This  
15 is the type of information that I think has to be put  
16 into prospective along with this. That perhaps you  
17 can have that same experience in different ways and  
18 there has been some research to show this.

19 THE CHAIRMAN: Would your  
20 conception of a drug education program include then,  
21 some statement of what might be called moral  
22 equivalents or alternatives to drug use? Do you think  
23 it should include such?

24 MR. EWART: I question the word,  
25 if I may---

26 THE CHAIRMAN: I use that ex-  
27 pression because it recalls the moral equivalent of  
28 war, but we are told, you know, from time to time about  
29 these alternatives, alternative ways to achieve the  
30 beneficial effects sought by drug use. We are told  
about these by people involved in





1 various ways. Do you feel that drug education should  
2 include some attempt to discuss or present these?

3 MR. EWART: Yes.

4 MR. CAMPBELL: I wonder if  
5 in that vain, if we speak of alternatives to  
6 drug use, this suggests that the use of drugs as  
7 a purpose it meets a need. What in your judgment  
8 are the primary needs that are being met by drugs  
9 that you would provide an alternative need for?

10 MR. EWART: What are the --  
11 I am sorry, I missed the last ---

12 MR. CAMPBELL: Well, when you  
13 speak of providing alternatives to drug use I take  
14 it that there is the implication that drug use  
15 serves a purpose, meets a need, that there is a  
16 reason for it and that you have drug use here as  
17 a consequence of some need, and what you are  
18 suggesting there is an alternative way of meeting  
19 these needs, another way of filling a void or pro-  
20 viding a satisfaction.

21 I would like to go back to  
22 what you consider these needs or purposes of drug  
23 taking to be.

24 MR. EWART: For an example,  
25 one example that would come to my mind immediately  
26 would be a need to belong to a peer group. With  
27 some individuals it is through the drug use that  
28 they become a member of a peer group. Perhaps  
29  
30



to

1 there are alternatives/peer groups that they  
2 could belong to, they need to know or have  
3 avenues of exploration. I am in no way trying to  
4 imply that we can stop a student, but I think we  
5 have to present to him relative ways so that he can  
6 make a decision as objectively as possible.

7 MR. CAMPBELL: Beyond the  
8 desire to belong to a group or to identify with  
9 a group what are the other needs you see being  
10 met by drug use?

11 MR. EWART: I suppose the  
12 need for acceptance.

13 MR. CAMPBELL: Many of the  
14 people using drugs put it to us that their  
15 primary reason is that it is simply a pleasurable  
16 experience; it is fun.

17 MR. EWART: Right.

18 MR. CAMPBELL: If someone  
19 says to you, "look this is fun, I do it because  
20 I like it," can we think of alternatives here that  
21 are viable, and what ones would you suggest?

22 MR. EWART: This again I think  
23 comes back when we talk about an individual, what  
24 does an individual find as fun? I don't want  
25 it to sound facetious, but it might be fun to take  
26 a .22 and go out and shoot all the transformers off  
27 the telephone -- this is not an alternative. We  
28 have to try to dissuade more -- maybe you can  
29 shoot a .22 at a target and get fun -- the same  
30 enjoyment and pleasure. I don't know if this



1        answers the type of thing ---

2                                THE CHAIRMAN: The gentlemen  
3        at the microphone?

4                                THE PUBLIC: I would like to  
5        say something about what has been said so far  
6        by the Board of Education. I find all their  
7        promises very baffling to me mostly because  
8        I don't believe that they are going to do all these things  
9        and that they won't do anything. We are being  
10       told at several points that they can do this and  
11       that they will do this, but I find it -- they  
12       are talking about drug education in the school.  
13       The only drug education in the school that I am  
14       finding is the drug education I find around the  
15       lockers or out on the street. Drug education is  
16       looked upon within the school by counsellors and  
17       by teachers as something to stay away from and  
18       the counsellors and the teachers don't come to you,  
19       you are suppose to go to them, or else they come  
20       to you very quietly and say, "we don't want you  
21       fooling around with drugs in school and we don't want  
22       you coming here stoned and we don't want a bad  
23       name for the school so you just keep it to yourself  
24       and do it on Friday nights." I find your -- I just  
25       find you completely untrue, and-- excuse the  
26       point -- I find it pure B.S.

27                                I would like to know when  
28        you are going to do this and you are always  
29        talking, "we can't do this," OK, how are you  
30        going to do this? If you are going to present





1 a program to the schools is it going to be another  
2 Project '70?

3 MR. EWART: No, it is not going  
4 to be another project '70 and the theme is not drugs.  
5 The theme that we are attempting to discuss is  
6 dependency problems. Now, we will admit that this  
7 is what we are struggling through to come to grips  
8 with, how to approach young people without, as you  
9 put it, a lot of B.S. We want to be able to present  
10 to them those things that they can judge and look at  
11 and we would try to be as impartial as possible.

12 Now, may I answer your Project  
13 '70 statement, that we used in our system itself.  
14 This was the memo that went from the Board of Education  
15 to all principals of elementary schools regarding  
16 Project '70: "After considerable discussion of the  
17 Project '70 broadcast on drug education, the following  
18 procedure is recommended: that since it is poor  
19 educational procedure to use school broadcasts without  
20 pre-program notes and explanatory information the  
21 C.G.M.A. Project '70 radio broadcast will not be used  
22 in the elementary schools at the scheduled times.  
23 Tapes of the programs will be cut and will be available  
24 for the use in the schools in a better educational  
25 setting at a later date. Additional material from  
26 the Department of Education will be available re  
27 drug education."

28 We did not use the Project '70  
29  
30



1 in our schools as such.

2 THE PUBLIC: I would like  
3 to know what gives the high school principal  
4 the right to go through your lockers looking for  
5 dope. Is that part of your education?

6 First of all, the attitudes  
7 starts out ---

8 THE CHAIRMAN: Would you mind  
9 going to the microphone please?

10 Thank you.

11 THE PUBLIC: I would like to  
12 know first of all, what gives the high school  
13 principal the right to go through your lockers  
14 looking for dope. And secondly, I question the  
15 attitude that the educators start out with, like  
16 the whole thing I have gone through is that we  
17 are criminals to be rehabilitated and the material  
18 that has been presented to us has been highly  
19 biased and outdated as hell. It is just terrible.  
20 And the attitudes of the educators is extremely  
21 poor.

22 MR. EWART: There is new  
23 information going out. I question that, I do not  
24 know what materials are used. I don't know  
25 whether it is biased, I would want to have samples  
26 of material you say is biased. It could be. But  
27 we have presented a "kit now". It is in preparation  
28 at the Board Office. It will be out within the  
29 next two weeks which I would say is as unbiased  
30 as possible at this time.



1 MR. CAMPBELL: Could you  
2 make a copy of that kit available?

3 MR. EWART: Yes; yes.

4 THE CHAIRMAN: Thank you.

5 Gentleman at the microphone?

6 THE PUBLIC: Could I make  
7 the suggestion before you go around handing out  
8 kits and before you go around handing out materials  
9 and information, you make sure the staff that is  
10 using this kit and information is not as prejudiced  
11 and biased as the people who threw me out of  
12 school a month before I graduated.

13 MR. EWART: This attempt, again,  
14 is being made. As I say, we are working through  
15 the process of the drug education committee.  
16 Right now, every Saturday we have teachers meeting,  
17 and at this meeting we are discussing with them  
18 how to handle this type of problem and it is not  
19 what to tell students, it is what the approach  
20 should be and we are trying to develop with them  
21 an understanding, and hopefully an elimination  
22 of bias. But there is bias from all of us, frankly.

23

24

25

26

27

28

29

30





1 THE PUBLIC: Well, I found  
2 it is my experience with the authorities that  
3 I dealt with, who dealt with me, when it was  
4 discovered, much to the horror of the people in  
5 the School Board as such, where I was going to  
6 school, that they didn't know anything about  
7 drugs. The only person who knew anything was the  
8 pusher, and I would suggest that you get, perhaps,  
9 the person who has used drugs, who is a permanent  
10 counsellor, who perhaps has the time to devote,  
11 the time to spare, who would be quite happy and  
12 counsel a person.

13 I heard on the twelve o'clock  
14 news today that somebody made a statement to the  
15 effect that legalization of marijuana and hashish  
16 would cut down on the amount of heroin addiction.  
17 This is garbage. I am categorically against the  
18 legalization of marijuana and hashish, although  
19 I probably don't look like it.

20 I started out on marijuana  
21 and hashish and ended up on heroin. My kid brother  
22 is still on it and he started out on marijuana and  
23 hashish, and I have experience with many people that I  
24 live with in Vancouver who were on marijuana  
25 and hashish first, and by the time you are twelve;  
26 if you start on marijuana when you are twelve,  
27 although I know people who started sooner -- by  
28 the time you are seventeen, eighteen, you will  
29 be guaranteed to be doing acid, and I have never  
30 known anybody who started doing marijuana who didn't



1 do acid soon enough. And unless you've really  
2 got a lot of self control, from acid you go on  
3 to speed, and after a while ---

4 (Public dissention)

5 MR. EWART: Back to the  
6 question about the teachers, by the way, I would  
7 like to put this in perspective -- that many,  
8 many teachers are saying the same thing: "Will  
9 you give us ways and means of approaching?"  
10 They are happy to answer questions and they are  
11 honestly concerned because they do not know the  
12 approach, and of course, in our brief, this is what  
13 we are saying, that many people are concerned  
14 and we want the ways and means of approaching the  
15 problems.

16 THE PUBLIC: We have these  
17 means right here in this room. This gentleman  
18 at the microphone has been through this trip, and  
19 he is able to help young people that are going to  
20 end up on heroin. Now, he has just finished saying  
21 he is not in favour of legalization of marijuana  
22 because he had a bad thing happen, him and his  
23 brother, but what I am going to say is, who did  
24 you smoke marijuana with?

25 THE PUBLIC: Well, I haven't --  
26 I don't think there is enough paper for me to make  
27 a list of the people -- I was on it for seven  
28 years.

29 THE PUBLIC: But, was there  
30 any sort of supervization?



1 THE PUBLIC: Yes, there was.

2 (Portion inaudible)

3 THE PUBLIC: Well how did you  
4 turn on to heroin? How come you started using heroin?

5 THE PUBLIC: Well, I found  
6 through experimentation like, and through other  
7 channels it sort of hit me, but after a while the  
8 only kind of criticism or any of the so-called  
9 hard stuff, the only kind of criticism you can get is  
10 destructive criticism. There is no such thing as  
11 constructive criticism anymore. There is never any  
12 elovation, never anything, and I tried getting to  
13 these people who I thought were interested and I got  
14 kicked out os school and kicked out of town, and  
15 kicked out of home and kicked into jail in a number  
16 of places and it just doesn't work.

17 THE PUBLIC: You will have to  
18 ask yourself why. It was not just society's fault  
19 you got kicked out of all these things. You can't  
20 blame the establishment because you got kicked out  
21 of it. This is what you are doing.

22 THE PUBLIC: I have spoken  
23 with thousands of people and with a few notable  
24 exceptions I have met few who use marijuana or hash  
25 or anything who ever had any constructive, positive  
26 things to put up in place of anything else. I have  
27 been told and I was busy telling people a couple  
28 of years ago that my experience  
29  
30





1 with drugs were an inner search for maturity.

2 All I can say to that is that I found out the  
3 hard way that the mature person does not destroy  
4 his mind or his body. My blood type has been  
5 altered, I have varicose veins, my I.Q. has  
6 dropped approximately 40 points.

7 And I am going to die by the time I am 50, and  
8 that is really nice, and that is really cool,  
9 and all I can say like to close this off is that  
10 that is not the way I think a person should live,  
11 and I don't think anybody really should live  
12 that way and if you want to legalize suicide go  
13 ahead, but build a nice big bridge over a good  
14 concrete slab and do it quick.

15 THE PUBLIC: Why do you think  
16 you have to organize marijuana or the use of  
17 drugs?

18 THE PUBLIC: I am an anarchist.

19 THE PUBLIC: To keep young  
20 people from going onto this trip that you went  
21 on. That is what it is man, When you sit down,  
22 "How did I ruin my life?" You ruined your life by  
23 going off on heroin, we didn't ruin it.

24 THE PUBLIC: My life was  
25 ruined long before that.

26 THE PUBLIC: All right, so  
27 you are feeling sorry for yourself, that is what  
28 it is.

29 THE CHAIRMAN: The gentleman  
30 at the microphone at the left over here please?



1                   THE PUBLIC: I would like to ask another  
2 question. Today, what we are talking about, right now,  
3 in the high school system about drugs, I want to know if  
4 drugs is negative or positive or is it all over the  
5 place like I think it is? Like, the feeling of the  
6 Board of Education? Because I have the feeling that --  
7 I am very biased and I don't pretend to be unbiased  
8 because I am all for legalization. But what I want to  
9 know is what are the high schools, the principals and  
10 vice-principals -- what's positive about? Yes or no?  
11 What is your answer?

12                   MR. EWART: I am afraid I do not  
13 understand the question.

14                   THE PUBLIC: What are the counsellors,  
15 right now, the thing you talked about on Saturdays  
16 and the two day seminars, are they generally in favour  
17 of legalization or putting people down who are doing  
18 it, or kicking them out of the high school  
19 system?

20                   THE PUBLIC: Can I ask you a question?  
21 Why are you in favour of legalization of  
22 marijuana?

23                   THE PUBLIC: Because I feel that  
24 legalization of marijuana -- it was proven in the  
25 past that judicial courts aren't going to erase it  
26 -- and I am not saying that legalization will erase  
27 it , but I am saying that heroin will be dealt with a  
28 lot better and differently than it is right now  
29 because human beings are being put in jail for their  
30 own feelings and they don't understand it.



1 MR. EWART: May I -- excuse  
2 me -- this is not the policy of the Board of  
3 Education, but after the three day Kenosha  
4 conference in which there were approximately 100  
5 teachers, health educators, nurses and counsellors  
6 there, at the end of the conference they recommended  
7 it was a recommendation only, that as a result of  
8 what they had heard and seen, that the marijuana  
9 should be taken out of the Narcotics Act and  
10 placed in the Food and Drug Act with lesser  
11 penalties as now exist. I would like to make clear  
12 this is not a Board policy; it was the statement  
13 of 100 teachers. Does that answer part of your  
14 question?

15 THE PUBLIC: Yes.

16 THE PUBLIC: What did this  
17 statement include, in other words what did they  
18 find out to get to the point they were or were  
19 not in favour of legalizing it. That is what  
20 I want to know. That is what these people want  
21 to know.

22 MR. EWART: It was the  
23 summary of -- I do not have the summary with me  
24 of course, but it was a research of what was known  
25 as marijuana at that given time and what we have  
26 studied on the drug. Now this is one of the  
27 concerns we have. I suppose you noticed in the  
28 paper last night where it said chronic use of  
29 marijuana may lead to permanent brain damage.  
30 Is this a fact or is it not? Now you hear the





1 reaction of the people and this is the type of  
2 thing we are most concerned with to know.

3 THE PUBLIC: What tests did  
4 you make to reach that statement? What research  
5 did this group of people do?

6 MR. EWART: No research.

7 THE PUBLIC: Then how can  
8 you form this opinion?

9 MR. EWART: On the basis  
10 of what we can read and find out. We are asking  
11 that research be carried out. Exactly, that is  
12 the state we are in, this is what we would like  
13 to see. We are making assumptions from what we  
14 know now, and as I say, I feel in many cases,  
15 what is changing day by day, newspaper by newspaper  
16 and we don't know if it is unbiased, if it is  
17 untrue, if it is unfounded.

18 THE PUBLIC: Do you have the  
19 right to educate on assumptions?

20 THE PUBLIC: No, he isn't  
21 because he is not qualified and that is it.

22 MR. EWART: Right, we are  
23 asking the experts.

24 THE PUBLIC: He wants us to  
25 come to them. That is what it is.

26 THE PUBLIC: I am saying  
27 you are educating people right now in the schools  
28 on assumptions and do you have that right?

29 THE PUBLIC: No they are  
30 not educating people in the schools.



1 MR. EWART: This would be  
2 a matter that we are educating people on what  
3 we hope is the best information available at  
4 this time.

5 THE PUBLIC: Tell me now,  
6 you have a hundred people. What are their  
7 qualifications on the use of marijuana? Now  
8 you are going to have to get some specialized  
9 information before you can set up an organization  
10 to deal with this problem. Now this is what you  
11 are trying to do here today, is that it?

12 MR. EWART: Pardon me?

13 THE PUBLIC: This is what  
14 you are trying to do here?

15 MR. EWART: This is where  
16 with  
17 we are working/The Alcohol Foundation and we want  
18 to get committees going but we do not put ourselves  
19 out, obviously, as drug experts, researchers.

20 THE CHAIRMAN: Excuse me,  
21 if you don't mind please, let us share this time.  
22 There is a gentleman at the microphone over  
23 here who has been waiting for some time.

24 THE PUBLIC: Mr. Chairman,  
25 as one of the consultants to the School Board,  
26 regarding some of the information they have in  
27 their manual, I would like to clarify where the  
28 information came from. The information sources  
29 were primarily such journals as The International  
30 Journal of Addiction, The British Journal of  
Addiction, The Psychedelic Review, the journal



published by Haight - Ashbury Medical Centre,  
The Blooms Study, studies carried on in Stanford,  
some of the papers Dr. Lehmann himself referred,  
and various other sources in the community.  
Now I am the first one to admit that the Alcoholism  
Commission has been guilty of what would appear  
to be a very empirical approach to a very complex  
problem. And there is a large amount of the drug  
experience that does not allow itself to an empirical  
evaluation, which rather is a very subjective  
consideration. However we have spent a lot of time  
in trying to get in contact with the kind of  
materials that these young people are reading that  
obviously are providing an entirely different  
insight to motivation into the phenomena. Now we  
first of all have got to come in contact with those  
materials and after we come in contact with the  
materials we have the most difficult task of trying  
to take a grade 9 school teacher with the prepara-  
tion that he may not agree with and get that  
individual to the point that he can begin to share  
in a meaningful way the implications of that  
information with those students. Now it is  
interesting to know that a large number of drug  
users are very, very aware of empirical results,  
are very very aware the so-called "their own thing".  
But the truth of the matter is, I think they are  
guilty of intolerance in the same way





1       that we are, and that is they take the teacher,  
2       and the system, and the administration and  
3       rightly or wrongly this thing has become --  
4       you sort of have to ask yourself, how much of  
5       this has to<sup>be</sup>/simply because we are human animals  
6       and how much can we hold ourselves accountable  
7       for and when you go to the Regina<sup>Public</sup>/School Board  
8       with a group of twelve human beings sitting  
9       around the table you really have to ask yourself,  
10      what can you hope to do with these people, not  
11      what you say, but what do you say that will make  
12      a difference? And the trouble is that if for  
13      example, we have a drug curriculum committee and  
14      we put a drug user on that curriculum team this  
15      is the ideal way to do it. But at the same time,  
16      if it stops, if it stops any factual or any growth  
17      coming out of that committee because they have  
18      drug users on it then you have got to work on  
19      the community to get them to the point where  
20      they are going to enter into dialogue and consider  
21      the drug phenomena. I don't think young people  
22      are hooked on drugs. I think rather young people  
23      have found a catalyst for a whole area of  
24      change that had better take place or we are in  
25      trouble as a society.  
26      ---(applause)



1  
2 I think when we went to the  
3 School Board and set a constructive alternative,  
4 what we were saying is that is it possible to  
5 consider bringing about the goals or achieving  
6 the goals that these young people want without  
7 psycho-pharmacological assistance? And we are  
8 not satisfied that it is possible. However,  
9 the Commission is involved with that attempt  
10 and that investigation and the same way that these  
11 young people have obviously found a key to achieve  
12 a positive experience I like to think that it is  
13 feasible and possible or certainly worthy of  
14 consideration that man can find within himself  
15 without the use of drugs able to achieve some  
16 of these same goals that they are.

17 THE CHAIRMAN: Thank you.

18 THE PUBLIC: I would like  
19 to come out in favour of legalization of marijuana.  
20 Well, legalization of actually just about any  
21 drug.

22 THE CHAIRMAN: Excuse me, I  
23 just wondered if perhaps we might release  
24 Dr. McLurg and Mr. Ewart if there are no further  
25 questions for them.

26 Feel free.

27 Excuse me, I have already  
28 interrupted this gentleman, you carry on.

29 THE PUBLIC: I base this  
30 argument on the feeling that in looking into the



1 laws of our land, it is based on the desire to make  
2 our rules more humane, more suitable for people  
3 to live in and I think this is a good time to  
4 bring this up because I think our school system  
5 is a good example of how our world could be a  
6 little bit more humane or how it isn;t as humane  
7 as it could be.

8 I don't think that the present  
9 laws are in any way humane laws. I mean people  
10 are using drugs, lots of people, and if these  
11 laws, if the purpose of them is to protect the  
12 people from the bad influences in our society, well  
13 then they are simply not doing that. Lots of  
14 kids have been thrown out of school and I was  
15 talking to a heroin addict a few days ago that --  
16 he has got a family, he has got one child and  
17 he uses heroin, true, and he doesn't want to use  
18 heroin, but certainly the laws aren't helping  
19 him get off heroin and they are just making matters  
20 worse for him.

21 I don't know how much the  
22 panel knows about this but maybe you have looked at  
23 this more than I have, but I understand in Great  
24 Britain, heroin is legalized and I suggest if you  
25 haven't looked into this maybe you should.

26 I also feel that this whole  
27 question of drugs is a secondary issue; that the  
28 real question is our society, is it a humane  
29 society or not? And many people feel that it is  
30 not a hjmane society and I personally am one of





1 those people. The reasons for this is we seem  
2 to be slowly destroying ourselves. Pollution  
3 is cropping in quite rapidly, population is a  
4 threat, we are constantly threatened by atomic  
5 war. There are so many things like this in our  
6 society that really are a threat. Now I think it  
7 is in the best interests of many people to keep  
8 the society the way it is. And many people would  
9 like to change it. It would also seem that many  
10 of the people that are going to change society  
11 use or have used psychedelic drugs and I think  
12 for that reason alone that it has been a good  
13 influence, and I think that the real issue here  
14 is that the people that want to keep society the  
15 way it is see psychedelic drugs as a threat to  
16 them because it makes people question the environ-  
17 ment they are living in, and I think this is a  
18 big reason why marijuana and other drugs haven't  
19 already been legalized. I mean if we wanted a  
20 more humane world, we want to deal with everybody  
21 in that world and we want to go on trying to  
22 create a better world. That includes the heroin  
23 addicts, that includes all sorts of drug users and I  
24 don't think the way to deal with them is to throw  
25 them in jail, and I think that these people have a  
26 lot of constructive things to offer to our society.

27 THE PUBLIC: Mr. LeDain, first  
28 of all I would like to say that when dealing with  
29 the non-medical use of drugs probably one of the  
30 biggest problems that you run into is drug education



1       itself, because I think the people in Canada and  
2       all over the world today who are getting uptight  
3       about things like marijuana just don't know, They  
4       haven't had the education about drugs and they  
5       simply don't know.

6                       And also the people, students  
7       in public schools, high schools and possibly even  
8       universities can't distinguish, some of them,  
9       between marijuana use or speed, heroin, anything  
10      like that, because they simply don't know. And  
11      I have very little faith in the education people  
12      that they will really do something about this  
13      because the drug problem has been around for a long  
14      time and they haven't done anything about it and  
15      I am rather worried about the way they are going  
16      to handle this. A good example of this is sex  
17      education. Sex has been around for a long time too,  
18      but about all the sex education I can recall in  
19      my high school training was a movie I saw once  
20      when I was in grade 10, and it was about V.D.  
21      and about all they had on it was V.D. will kill  
22      you, sex is bad, don't have sex until you are  
23      married. And if this is the way they are going  
24      to handle the drug problem, I think they should just  
25      maybe leave it alone.

26                      THE PUBLIC: There was something  
27      I heard earlier about not taking any kind of  
28      stand on some of the common drugs until there has been  
29      enough research done.

30                      THE CHAIRMAN: Could you



1 speak a little more closely to the microphone.

2 THE PUBLIC: There was some  
3 form of education, if you can call it that, at  
4 my school, it is a tape, and the title of it is,  
5 "Pot is Rot" - and other notable facts about drugs.  
6 Now I think if they are going to present this type  
7 of stuff, I think they should, you know, -- let  
8 the other side have equal billing until there has  
9 been enough research done to prove anything.

10 THE CHAIRMAN: I wonder,  
11 Mr. Ewart, if I could ask you a further question:  
12 do you envisage any possibility of a role for  
13 younger people, students in drug education?

14 MR. EWART: Yes. We have them  
15 on the committees developing the program and we  
16 did have them on the committees proposed on the  
17 Board of Education, Regina Separate Board, Public  
18 Health Nurses and counsellors plus students. I  
19 can't help but say to the lad who talked about  
20 sex education, I would invite him back to look at  
21 our curriculum today and I don't think he is going  
22 to get the same answer. And this is starting  
23 down in the elementary grades.

24 THE PUBLIC: How long has it  
25 taken you and how long is it going to take you with  
26 drugs? That is what I want to know.

27 MR. EWART: I can't answer.

28 I will say this: in the  
29 curriculum we are developing in drugs it is not  
30 drug education, it is a curriculum on dependency





1 problems. This is it. We do not put in front,  
2 this is a drug education program. This is a  
3 discussion of dependency problems.

4 THE CHAIRMAN: What other  
5 kinds of dependencies are included in the program  
6 other than drug dependency?

7 MR. EWART: On this type  
8 of thing?

9 THE CHAIRMAN: Yes.

10 MR. EWART: We are trying  
11 to involve psychological, psychology, sociological  
12 aspects of it.

13 THE CHAIRMAN: Excuse me,  
14 but when you say it is not drugs, it is dependency,  
15 it suggests to me that you are including the  
16 dependency on things other than drugs; am I wrong  
17 on that?

18 MR. EWART: What I am saying  
19 is psychological dependency.

20 THE CHAIRMAN: On what, on  
21 drugs?

22 MR. EWART: It could be; on the family.

23 THE CHAIRMAN: The concept  
24 of psychological dependency?

25 MR. EWART: Total concept.  
26 So it might be on the family, it might be on  
27 biting your nails.

28 THE CHAIRMAN: It might be on  
29 the morning newspaper?

30 MR. EWART: Right. It is to



1           give this total concept.

2                           THE CHAIRMAN:  Apart from work  
3           in the committee in a viable capacity do you  
4           envisage students or young people being involved in  
5           the actual process of drug education itself as  
6           teachers if you want, or whatever, you know,  
7           participating?

8                           MR. EWART:  Right.

9                           THE CHAIRMAN:  Do you?

10                          THE PUBLIC:  Mr. Chairman,  
11           could I take a crack at that?  We have a drug  
12           user on our drug education staff right now,  
13           a former drug user, and the attempt is this summer  
14           to make funds available to bring these people in  
15           contact with the people who are designing this  
16           curriculum.  The only problem, is, once again,  
17           Swift Current, how do you get in the school?  I  
18           mean they ask who is going to be on the education  
19           program coming to the school, and if this fellow  
20           ends up with long hair down to his shoulder which  
21           Glen happens to have and this kind of thing,  
22           immediately something happens and the School Board  
23           has carried on a special study and we don't get  
24           near the school.  It is as easy as that.  That is  
25           the problem we have got right now, the public  
26           discrimination.

27                          THE PUBLIC:  Yes, definitely.

28                          THE CHAIRMAN:  Dr. Blewett?  
29  
30



1 DR. BLEWETT: I would like to  
2 suggest that there are certain hazards that certainly  
3 have been underlined a number of times in the field  
4 of drug usage . Some of these are relevant to the area  
5 of the psychedelics and I believe it is the  
6 psychedelics that are the principal concern. There  
7 is little disagreement that sniffing glue with  
8 your head in a plastic bag or taking heroin are  
9 extremely hazardous, dangerous, have long range  
10 lasting effects. But as far as the psychedelics  
11 are concerned there is a great deal of information  
12 that is currently available that would cut down  
13 a great deal of the misfortune that can occur,  
14 simple ideas like not leaving people alone when  
15 they are taking drugs for the first time, of having  
16 them, if they want to take drugs, do so in a  
17 situation where the stimuli could be reduced,  
18 where there is not going to be a great deal of  
19 bussel, that it is not particularly a wise thing  
20 to go into a downtown area under those circumstances.  
21 These rather elementary ideas I think can be  
22 presented quite simply, and it seems to me that we  
23 should, in terms of drug education, and I mean  
24 drug education, because I think that is what the  
25 importance is, we should use the same sorts of  
26 ideas that we use in teaching water safety, or in  
27 teaching people how to drive automobiles or in  
28 how to handle guns. If you were going to do these  
29 things there are certain requisite pieces of  
30 information you should have. And I think with-





1 holding this information is very unfortunate  
2 because it can get people into very serious  
3 circumstances.

4 But in nearly every instance  
5 in which I have heard of young people who have  
6 had to be committed temporarily in emergency  
7 wards in general hospitals or people who have had  
8 a longer commitment in psychiatric facilities  
9 of one kind or another, the difficulty that  
10 occurred because of people who were involved  
11 didn't follow very simple, straight forward  
12 regulations if you like or ideas. And further  
13 to that, I think that if people are going to  
14 use drugs, and it appears that they are in  
15 larger and larger numbers, they should be aware  
16 of the fact that there are many interesting and  
17 important things that they can find out about  
18 themselves, about the culture that they live in  
19 and perhaps ideas and inspirations that will  
20 foster whatever is creative in their activity,  
21 that they should be just as aware of those things  
22 as they are of the source of high and the kinds  
23 of joy pedal that one can step on with these drugs.

24 In other words, the information  
25 that is provided has safety features built into  
26 it because that is important and also that the  
27 positive side of the coin be spoken of at least  
28 since if we can take the statistics of the  
29 present as correct, it seems a large number of  
30 people are going to follow these courses. Then



1       it seems only socially advisable that they should  
2       have the best information in this regard possible  
3       when they are on these ventures.

4                               THE PUBLIC: Mr. Chairman,  
5       I am a guest in this city since I am from Winnipeg,  
6       but I would like to comment, if this hearing were  
7       occurring in Winnipeg and my work was a sincere  
8       effort to do honest to goodness education about  
9       drugs, about nonuse and use, abuse, I would find  
10      in this situation, and now my words are particularly  
11      addressed to those who presented the brief this  
12      afternoon,



1 I would find in this situation, the sort of  
2 information, of understanding, of concern, of  
3 wanting to be human and wanting others to be  
4 human, which I would at <sup>great</sup> / peril, neglect, if I  
5 would not use that for planning the next and any  
6 steps beyond the next steps in regard with the  
7 Board's plans for education. I would see here a  
8 potential for making education in the school  
9 relevant to a much greater section of the people  
10 than I have hitherto, and I am only sorry we don't  
11 have some of these youngsters in Winnipeg, but  
12 if they will come to Winnipeg, the door of Alcohol  
13 Education Service will be open for the help that  
14 they can give us.

15 --- (Applause)

16 THE CHAIRMAN: I would like  
17 to call now on Dr. Morris Shumiatcher.

18 DR. SHUMIATCHER: Mr. Chairman  
19 and members of the Commission, I have these copies.

20 THE CHAIRMAN: I will take  
21 them and distribute them.

22 DR. SHUMIATCHER: Mr. Chairman,  
23 and members of the Commission -- may I sit?

24 THE CHAIRMAN: Yes, please  
25 be seated at the table.

26 DR. SHUMIATCHER: My interest  
27 and experience in this subject derives from my  
28 practise as a barrister and from my especial  
29 concern over the tragic consequences of drug abuse  
30 that have come to <sup>my</sup> / attention from time to time. As





1 a consequence, I joined with other concerned citi-  
2 zens in Regina to form an association, "NADA", New  
3 Approaches to Drug Abuse, and I have, from time to  
4 time, met with groups of young persons, in one way  
5 or another, affected by the use of drugs.

6 My submission is confined to  
7 a very few, simple propositions relating to the  
8 state of the law as it appears in The Narcotics  
9 Act, and The Food and Drug Act, and the administra-  
10 tion of these statutes at the present time.

11 The first: These laws, pro-  
12 hibiting as they do, the use of certain drugs of  
13 a narcotic or other nature, create serious penal  
14 offences for possession and trafficking. They  
15 naturally offend the sensibilities of those who  
16 believe that laws designed to regulate people's  
17 morals or private behaviour are inappropriate.  
18 St. Thomas Aquinas expressed this view when he  
19 said that, "since human law is framed for human beings  
20 few of whom are perfect in virtue, human law cannot  
21 forbid all vices from which the virtuous abstain".

22 It is my view that in general,  
23 the law ought not to concern itself with the dis-  
24 position that an individual makes of his own person,  
25 and this includes sumptuary laws, such as the use  
26 and abuse of drugs or liquor or poisons, however  
27 harmful they may be to the individual, and even  
28 though they may result in death. The law ought  
29 not to seek to prevent a man from destroying his  
30 own life. It ought, however, to prevent a man from



1       harming or destroying another's.

2                       It is fallacious to believe  
3       that prohibition of drugs is likely to be any more  
4       successful than was the prohibition of alcohol,  
5       unless there exists a general consensus in the  
6       nation that prohibition is desirable. Had the public  
7       in provinces such as Saskatchewan or in the United  
8       States, truly believed that use of alcohol was  
9       harmful, the prohibition laws of the '30's and '20's  
10      would still be in force. But the application of a  
11      moral law that was not widely accepted resulted only  
12      in bootlegging and serious crime. Heavy penalties  
13      were no deterrent.

14                     Society, and its law making  
15      agencies, need concern themselves with sumptuary  
16      habits including those relating to drugs, only in  
17      two circumstances:

18                     First, in their overt mani-  
19      festation, where a person whose capacities have  
20      been destroyed or impaired as a consequence of the  
21      use or abuse of such substances, becomes a menace  
22      to others, as for example, when, on a "trip" or in  
23      a state of intoxication, the use endangers the  
24      lives or safety of others; and

25                     secondly, where, having im-  
26      paired his capacities through the use or abuse of  
27      the substances, an individual is unable to care  
28      for himself and claims the right to be assisted  
29      and maintained by society through welfare agencies  
30      and other publicly-supported organizations.



Those who claim the right to use or abuse such drugs as are today catalogued in The Narcotics Act and The Food and Drug Act, should be prepared to relieve society of all obligation to care for them and heal and rehabilitate them in the event that their free choice should result in the impairment of their capacity to care for themselves. In short, the individual who desires the freedom to abuse his own body and mind, must be prepared to renounce the concept of the welfare state that it is every person's natural right to demand support for his body and diversion for his mind.

There appears little doubt that the hard drugs such as heroin and cocaine are death-dealing substances; that the hallucinogens such as LSD and mescaline are exceedingly dangerous, as are also amphetamines such as AMT, STP, methedrine and the like. Few would suggest that the prohibition against their use should be lifted. The great debate centres around the possible legalization of cannabis sativa and hashish. It is amazing to think that although these substances have been in use for some 3,000 years, one continuously hears and reads that insufficient is still known about the effects of these drugs to form a conclusion as to whether they are deleterious to their users. The most recent United States Government Reports seem to indicate that whether or not the use of these drugs leads to addiction to deadlier preparations, there is some evidence that habitual users





1 of cannabis and hashish suffer some brain damage.  
2 Whether this be true or not is of secondary import-  
3 ance in my view. What is more significant is the  
4 fact that although these two substances have been  
5 used in many societies in a variety of civilizations  
6 in the Middle East, the Near East and India, for  
7 about three millenia, these nations, with the  
8 greatest experience in the use of cannabis and  
9 hashish, today forbid its use. Many of these have  
10 been societies of a highly permissive nature. Their  
11 rulers have asked little of their subjects and the  
12 members of these societies have demanded little of  
13 their governors. Nevertheless, even these countries  
14 in recent years have, for the most part, and with  
15 the notable exception of Communist China and North  
16 Korea, subscribed to the United Nations Treaty on  
17 Narcotic Drugs, prohibiting their production, trade  
18 and export. Canada is a subscribing nation today.  
19 It would indeed be ironical if, by the repeal  
20 of legislation now prohibiting the use of cannabis  
21 and hashish, this country were, at the age of 103,  
22 to gain distinction as the world's first national  
23 drop-out.

24 In my view, the dangers  
25 inherent in the use of cannabis or hashish arise  
26 from the likelihood that if continuously taken, it  
27 is likely to result in the debilitation of the will  
28 and eventually, in the deterioration of the mind.  
29 The habitual user, I believe, is likely to become  
30 withdrawn, tractable, easily led; motivation declines.



1 A world of make-believe replaces the real world,  
2 and indeed, if proof of this be necessary ---

3 THE PUBLIC: Oh, man!

4 DR. SHUMIATCHER: --- if proof  
5 of this be necessary is it not these very conditions  
6 and experiences that are the principal appeal of  
7 cannabis and hashish? Such persons are likely to  
8 become dependent upon society for support, and by  
9 that same token, their abilities are likely to be  
10 lost to society itself.

11 For these reasons, I am of the  
12 view that use of these drugs ought not to be en-  
13 couraged; that their acceptance ought not to be  
14 promoted. And I am moved to believe that the vast  
15 majority of citizens in this country, both young  
16 and old, are firmly opposed to their use. If that  
17 be the consensus, then there does exist a basis  
18 for continuing the prohibition of their use by law.  
19 I cannot subscribe to the unusual view of the  
20 Minister of Health and Welfare who is reported to  
21 have said that if "a substantial minority" were  
22 to favour legalization of the use of these drugs,  
23 no responsible government could deny their wish.

24 Surely, it would be ludicrous  
25 to suggest that if a "substantial minority" in any  
26 society favoured robbery or rape, or equally repre-  
27 hensible behaviour, a government ought to pass laws  
28 sanctioning such conduct. Even if a majority were  
29 to approve such conduct, I would contend that it  
30 is the duty of government to do what is right and



1 not what is merely pop.

2 Those who advocate that use  
3 of cannabis and hashish be legalized, generally  
4 suggest that if these drugs could be purchased  
5 legitimately their quality would be improved, their  
6 price would be reduced, bootlegging would end, and  
7 the general underworld atmosphere attendant upon  
8 their present use would disappear. Frequently it  
9 is suggested that the government ought to establish  
10 a sales monopoly over these substances, guaranteeing  
11 quality, establishing a "fair price" and securing  
12 some revenues as well, perhaps, much along the lines  
13 adopted by the provinces for the sale of alcoholic  
14 beverages.

15 In my view, such a procedure  
16 would be unwise, not only for the reasons already  
17 stated, but because I foresee governments first,  
18 allowing the use of such drugs as cannabis and  
19 hashish, and then encouraging their use, and possibly  
20 because of the revenues involved, finally compelling  
21 their use.

22 --- (Public dissension)

23 DR. SHUMIATCHER: Well, you  
24 can think otherwise.

25 The soporific effect of these  
26 drugs upon users is well known. It was the view  
27 of Aldous Huxley in his "Brave New World" that the  
28 time will come when governments will insist that  
29 citizens use such drugs as these, for the purposes  
30 of assuring tranquility and calm in the nation.





1 In the authoritarian super-  
2 welfare state that can be envisaged, the common man  
3 will be rendered completely manageable by the  
4 governing elite, they will cause neither trouble  
5 nor turmoil to their rulers.

6 THE PUBLIC: That is what  
7 alcohol does now.

8 DR. SHUMIATCHER: Maybe, it  
9 may well be.

10 As a reward for their work  
11 each day ---

12 THE CHAIRMAN: Excuse me,  
13 everyone will have an opportunity to comment on  
14 Dr. Shumiatcher's submission.

15 DR. SHUMIATCHER: As a reward  
16 for their work each day, Huxley's citizens of the  
17 "Brave New World" are to be issued their ration of  
18 "soma", that wonder-drug that will bring to all who  
19 take it, a feeling of supreme well-being and sweet  
20 euphoria. In that ideal society, there is no place  
21 for protestors or troublemakers, strikers, con-  
22 fronters, marchers, dissenters, sit-ins, teach-ins,  
23 march-outs or walk-out. All will be smoothly  
24 managed.

25 It is my concern that legali-  
26 zing cannabis and hashish, or any of the other  
27 drugs with which we are concerned today, will be  
28 the precursor, not of permissive laws that allow  
29 those who wish, to drop-out, but rather of laws  
30 that will encourage and ultimately compel the use



1 of drugs that will make men tractable and obedient  
2 and destroy their will.

3 While I favour the prohibitions  
4 in the laws that exist, I am of the opinion that  
5 the penalties attached to the breach of these laws  
6 are far too severe. It is not true, as some suppose,  
7 that the harsher the penalty, the greater is the  
8 deterrent. Had that been so, there would have been  
9 no crime 150 years ago when more than 200 offences  
10 were punishable by death.

11 In my view, possession of a  
12 prohibited drug, while remaining a crime, ought  
13 to be punishable by imprisonment for a very short  
14 period of time, one to seven days at most. The  
15 penalty ought to be severe enough to register  
16 society's disapproval of behaviour that is un-  
17 acceptable to it, but not so heavy as to crush the  
18 offender or cast him out. To the young who might  
19 simply be experimenting with these dangerous  
20 substances, this would constitute a rather stern  
21 experience, and might have both a deterrent and  
22 reformatory effect. Long sentences in prison can  
23 have no beneficial result; such sentences are likely  
24 simply to earn the badge of status in the young  
25 user's peer group. The young offender, certainly,  
26 ought to be placed in quite a different position  
27 from the dope peddler who trafficks in narcotics  
28 for profit and consciously and wilfully seeks to  
29 corrupt the young. The central legal problem, in  
30 my view, is to make the punishment better fit the crime.



The central social problem for the individual, I believe, is to acquire sufficient knowledge to judge and make a choice for himself, whether to abstain from the abuse of drugs or to indulge in their use because it is the "in" thing on the scene today. Instilling fear in the mind of a young person will never deter him from using drugs; on the contrary, if he has the normal instincts of the young of every generation, he will be challenged to try the thing most feared, and he will cast himself in the role of a Prometheus to boot. It may be walking a high alpine ledge; it may be swimming across a swift, swollen river; it may be exploring the wilderness of a new country, or it just may be mainlining, the heaviest stuff of all. Perhaps it is that in our highly organized country, he has found no other challenge.

THE CHAIRMAN: Thank you,  
Dr. Shumiatcher.

The gentleman at the microphone?

THE PUBLIC: I would take it from that, then, that you are against marijuana?

DR. SHUMIATCHER: Carry on from there, you are on the right track.

THE PUBLIC: That is fine.

I just wanted to know what kind of a man, you know, is against a kind of a law like that, but takes money from students to defend them against --(applause)

I mean, do you deny taking cases of this sort?

DR. SHUMIATCHER: Of course,





1 I take cases and defend young persons, if you wish  
2 me to answer, Mr. Chairman, who are charged with  
3 unlawful possession of these drugs, but I am against  
4 their use, just as I take persons who are charged  
5 with murder and I am against murder.

6 THE PUBLIC: The principle  
7 there, though, it doesn't concern you if it is  
8 financial, it's fine. But otherwise it's bad.

9 THE CHAIRMAN: Ordinarily, I  
10 shouldn't express an opinion, but I think we are  
11 talking about the profession of law and the duty of  
12 a lawyer, and the lawyer separates his professional  
13 duty from his personal feelings, or beliefs, and  
14 lawyers -- if lawyers would not defend people,  
15 perhaps, under laws of which they disapproved, we  
16 would have no legal profession with which to serve  
17 the citizens of the country, so I think that there  
18 is a special situation there.

19 Gentleman at the microphone?

20 THE PUBLIC: Sir, I was just  
21 wondering if you feel, through the speech that you  
22 gave us, do you feel you are communicating with us?  
23 Were you trying to communicate with us?

24 DR. SHUMIATCHER: No, I wasn't  
25 addressing myself here to the audience at all, I  
26 was addressing myself to the Commission. If there  
27 are members here at present, who received any benefit  
28 from what I had to say, I am delighted. But,  
29 principally, my submission, as it is entitled, is  
30 directed to the Chairman and members of the Commission.



1 THE PUBLIC: Well, I thought  
2 the idea of this Drug Commission, at least as far  
3 as I understand it, is set up for everybody to take  
4 part in, not just the panel up there, and I am rather  
5 disappointed in your speech for that very reason,  
6 and I think most of the people here are ---

7 THE CHAIRMAN: No, I must call  
8 you -- there is a very wide latitude here, but I  
9 don't think that is a fair comment. This was a  
10 submission made to the Commission like other sub-  
11 missions, and you have enjoyed the widest freedom  
12 of expression here today.

13 THE PUBLIC: Yes, I have.

14 THE CHAIRMAN: And Dr. Shumia-  
15 tcher is submitting himself to questions, and there  
16 is no basis for any reflection on that.

17 THE PUBLIC: All right. I  
18 apologize for the statement I made, but I still  
19 believe that you have to communicate with people  
20 before you can help them.

21 Now, for instance, you don't  
22 believe in the legalization of marijuana. But, I  
23 mean, could I please have your views on that subject?

24 DR. SHUMIATCHER: I think I  
25 have taken enough time. I think I have expressed  
26 them as succinctly as I can.

27 THE PUBLIC: Not to us, you  
28 expressed them to the panel.

29 DR. SHUMIATCHER: I had occasion  
30 to address young people's groups and other groups



1 as well in many parts of this province on my views,  
2 and I am more than happy to do so on other occasions,  
3 but I feel that I have rather made my pitch to the  
4 Commission today on this particular point.

5 THE CHAIRMAN: You have made  
6 your views public, and there is an opportunity here  
7 for discussion.

8 Gentleman at the microphone?

9 THE PUBLIC: Yes. It is just  
10 that I feel that the type of people who present  
11 this argument are just too greedy, feel they have  
12 too much to gain by the types of things they do.  
13 And since I know this type of argument is useless  
14 because it is continually presented to us, I  
15 think a few of us realize that it is a bit of crap  
16 and we are about to leave.

17 THE CHAIRMAN: Gentleman at the  
18 microphone here?

19 MR. STEIN: Could I ask a  
20 question ---

21 THE CHAIRMAN: --- To the  
22 gentleman leaving the room?

23 MR. STEIN: Not the gentleman  
24 leaving the room, just to the gentleman that was  
25 up, in the green sweater.

26 You were suggesting, and I want  
27 to understand this, that you didn't feel that there  
28 was any communication, and I wondered if you mean  
29 by "communication" that it has to be agreement? In  
30 other words, is your definition of communication





1       that when people say something that they are in  
2       agreement?

3                       THE PUBLIC: Not at all. What  
4       this gentleman said here today on this thing, I  
5       was wondering if it was an exerpt from something,  
6       because it is past history. I realize what hashish  
7       does, and I realize this is what heroin does, but  
8       we have got to do something about it. I mean, this  
9       is why that gentleman said that and walked out,  
10      because there was no communication to us young  
11      people.

12                    MR. STEIN: Are you speaking on  
13      behalf of all of the young people in the room now?

14                    THE PUBLIC: No, no.

15                    THE CHAIRMAN: Gentleman at the  
16      microphone here?

17                    THE PUBLIC: Yes. I would just  
18      like to speak here about Mr. Shumiatcher's speech.

19                    It seemed to me he seemed to  
20      lack the will to follow through a logic, possibly  
21      because lack of contact with other human beings,  
22      especially contact with human beings who have ever  
23      used drugs. In the first place, he even made a  
24      very important distinction; two very important  
25      distinctions, pardon me, that were crucial, which,  
26      of course, he neglected to follow through on.

27                    The first one was, he said  
28      there was broadly -- divided the laws into two  
29      sections, the one was moral, and the other non-moral.

30                    Now, the other questions, moral  
    questions, are very hard to legislate, besides the



1 question of whether or not you should. So, of  
2 course, he used the second distinction which was  
3 whether or not it was dangerous to the rest of  
4 society to allow individuals to continue in certain  
5 activities which the society found immoral.

6 Now, he immediately skirted that  
7 and completely ignored those two criteria and went  
8 on to say marijuana should be illegal. But the very  
9 fact that he brought up those two points, points  
10 out exactly why it should be legal, because when  
11 people are smoking marijuana there is no danger or no  
12 more danger of them hurting society than any other  
13 drug or possibly even less than, for instance, drugs  
14 such as liquor or alcohol; drugs such as speed, which  
15 is legal. Then he himself pointed out the very  
16 roots of the argument which destroys his argument.

17 And I would suggest either he  
18 answer those objections or else take note of them.

19 THE CHAIRMAN: Would you care  
20 to ---

21 DR. SHUMIATCHER: If I under-  
22 stand you correctly, you say I start off by saying  
23 that it is a moral matter if you wish to use this  
24 substance. My own view is it is unwise to use it,  
25 but I agree ---

26 THE PUBLIC: You missed my  
27 point. I say you made the distinction between moral  
28 laws and other laws, and you quoted Lomas Aquinas,  
29 stating that moral laws weren't very -- it was  
30 very uncertain whether a person -- whether a community  
should have morals.



1 DR. SHUMIATCHER: Quite so.

2 THE PUBLIC: You also made a  
3 distinction that if moral laws are used then you  
4 should be very careful that the criterion that  
5 you use is whether or not it hurts other people.  
6 And so, for instance, one of the examples that you  
7 use is that if the federal government said a "signi-  
8 ficant minority" of a population thinks that the  
9 community should rape and murder, then obviously  
10 it should not be legalized. Well, that is completely  
11 outside of both of the realms which you discussed,  
12 that is neither a moral question; or at least it  
13 would seem to me, it is not moral, but whether or not it  
14 is . moral ,is soon overcome by your second criterion  
15 which is, that it doesn't harm the society. So  
16 that means that that example is completely out of  
17 discussion. You have already put it out. But yet  
18 you brought it in again to use it as an excuse  
19 against the legalization of marijuana.

20 You said, quite plainly, that  
21 just because a significant minority of people use  
22 marijuana doesn't mean that it should be legalized.  
23 That is as silly as saying, a significant minority  
24 want to rape and murder.

25 But, you already pointed out  
26 why that wasn't so. Now, that was my objection.

27 DR. SHUMIATCHER: Very well.  
28 Well, my view, of course, is, the person who wants  
29 to use any of the drugs, and if it were possible  
30 for him to remain in the cubicle of his own home





1 and go on his trips, or whatever he wished to do,  
2 and his doing that affects no one else, I think he  
3 has every right to do so just as I feel a person  
4 has every right to get stupid drunk in his own house  
5 and destroy his life that way; that's his business.  
6 Or if he wants to shoot himself, or hang himself,  
7 that's his business too.

8 But, I have to, and I think  
9 your objection is a well taken one; I can't simply  
10 then transpose that and say if he does that, then  
11 I can't compare it to murder or rape which affects  
12 some other person, and your criticism is a very  
13 fair one.

14 The only way I was able to get  
15 into that position and draw a comparison, I think,  
16 legitimately, is this: that what happens, unfortu-  
17 nately is, the users of these drugs generally don't  
18 stay in a cubicle by themselves indefinitely. That  
19 is the first point. But they generally, as a rule,  
20 then come into society and say, "Our lives are  
21 wrecked, help us, we are in a terrible jam", and  
22 that is the first problem.

23 And then society, of course,  
24 does take a hand.

25 Now, at that point, I think  
26 the issue becomes analogous to the other example  
27 which I gave, of murder, of rape. And I think it  
28 is important to bear that factor in mind.

29 And then I have the other  
30 problem which society has, and that is this: I



1 appreciate the fact that the individual should  
2 have the right to say, "I wish to opt out of society;  
3 I am going to a desert island; I am not going to  
4 have anything to do with organized society." And  
5 I think it is everyone's right to do that. I think  
6 it is. But on the other hand, there is the problem  
7 of the standards of society, and the kind of  
8 society that will result from persons placing  
9 themselves in a position whereby doing that,  
10 opting out, either physically or through the use  
11 of drugs, they then open the door for a tyranny  
12 in society. Because it is my view, and you may  
13 take issue with that, but the persons who are on  
14 these drugs -- I agree, they don't become violent,  
15 they generally don't take off and kill people,  
16 generally it is themselves, but what they do by  
17 removing themselves from society, they pave the  
18 way to a kind of tyranny by those who wish to take  
19 advantage of the opportunity for power.

20 And herein too, I think society  
21 is ---

22 THE PUBLIC: I am going to get  
23 to that distinction. You added that to your argument  
24 because that effectively takes it one step further,  
25 puts it far more clearly into the open.

26 First of all, people who do  
27 take marijuana and LSD for the reasons that, for  
28 instance, Dr. Blewett mentioned, attempt to stay  
29 within a cubicle and attempt to cut themselves off,  
30 at least at the time they are taking it.



1 THE PUBLIC: For what reason?

2 THE PUBLIC: I am sure I have  
3 seen a far higher percentage of marijuana users than,  
4 for instance, you have, and the only time I have  
5 every seen them come to society and ask for help  
6 because they were broke was when they got busted.  
7 Now, granted, there are a few, but usually the  
8 people they go to are people who are other heads,  
9 when they are having a bad trip, or people like  
10 Dr. Blewett who are doing exactly the opposite of  
11 what you do. So your argument comes our futher.  
12 What you are doing, you are generalizing both on a  
13 very small minority of the people ---

14 DR. SHUMIATCHER: Could I ask  
15 you a question?

16 THE PUBLIC: That is only one  
17 point. That is your argument. Now, the counter-  
18 argument to that whole scene, like, your argument  
19 itself doesn't stick, but the counter, the basis  
20 of another argument that is far more realistic is  
21 the fact that there are very definite advantages  
22 to be gained from the use of marijuana and LSD, and  
23 because those people have different styles  
24 and they have different things, and that obviously  
25 is going to affect the society.

26 DR. SHUMIATCHER: I am going  
27 to ask you a question, and I thought you were  
28 almost going to go into it.

29 May I ask a question?

30 THE CHAIRMAN: Certainly.





1 DR. SHUMIATCHER: You talk  
2 about the advantage of using marijuana and other  
3 hallucinogens. Tell me, what kind of a society  
4 do you think we would have if everybody, if  
5 everybody, used these hallucinogens daily? What kind  
6 of society ---

7 THE PUBLIC: Excuse me ---

8 DR. SHUMIATCHER: What kind of  
9 society, can you describe it?

10 THE PUBLIC: You used this  
11 example of "soma", which is that "soma" in Aldous  
12 Huxley's book was a tranquillizer and it was not  
13 a psychedelic at all. And you know, of course, I  
14 use Aldous Huxley again because in three other  
15 essays or books he has described use of psychedelics  
16 as being very beneficial towards perception, and  
17 as I say, in "Brave New World", soma was a tran-  
18 quillizer, it was not a psychedelic. Now what  
19 sort of society am I interested in?

20 In the first place -- I don't  
21 think you can take psychedelics every day, and in  
22 the second place, it is not beneficial to take them  
23 more than once a month; that is, LSD, or whatever  
24 it is. The type of society that I would envision  
25 would be a very philosophical, very highly intense,  
26 intellectual type.

27 --- (Applause)

28 The reasons for that is, as  
29 often in the case of marijuana, one of the things  
30 is that it will relax you, and we know that when  
you are running around a building, for instance, or



1 when you are running for two miles, your concentra-  
2 tion span is just about nil. If you are trying  
3 to think of a method of breaking the atom you will  
4 never do it when you are running around. But, if  
5 you can sit down and take the energy and put it to  
6 mental use, then you are capable of greater con-  
7 centration, which is exactly what we found in mari-  
8 juana.

9 DR. SHUMTATCHER: That is fine,  
10 I have nothing further to say in the matter.

11 THE PUBLIC: I would like to  
12 just point something out that I said earlier this  
13 afternoon at the University.

14 We seem to be arguing a lot  
15 of things here that aren't immediately important  
16 as far as I am concerned. What is immediately  
17 important is keeping the young people out of jail  
18 and getting them back into society where we can get  
19 together a little bit. And another thing is the  
20 impurities that are being sold in chemical drugs.

21 Well, these two problems, both  
22 of which are very, very serious -- this can be  
23 attested to by the number of people going into  
24 general hospital emergency wards, and also the  
25 number of young people in jail. These both can be  
26 remedied by legalization of marijuana.

27 I speak of marijuana specifically,  
28 as some of the harder drugs or the psychedelics, I  
29 think, would have to be controlled to some extent,  
30 or at least the environment in which they were injected,



1 would have to be controlled to some extent. But  
2 these two major problems could be alleviated by  
3 the legalization of marijuana and by controlled  
4 distribution.

5 --- (Applause)

6 THE PUBLIC: I just wanted to  
7 say it would be a good idea if you hear from the  
8 students about Shumiatcher. Every time he comes  
9 and speaks somewhere he pisses everybody off.  
10 Everybody knows he's a spokesman for the reaction=  
11 aries. He gives us all a hard time, every time  
12 he comes out he argues out little, petty bits of  
13 logic and plays around with his words and never comes  
14 to the point. And he is making a buck, and I think  
15 we should ---

16 --- (Dissension)

17 THE CHAIRMAN: It occurs to  
18 me, while you are going through this catalogued  
19 criticism, that probably, prominently on that list  
20 is an argument of personal abuse, and if we are  
21 going to be highly critical, and if we are going  
22 to criticize institutions and style and so on, it  
23 behooves us, surely, to set an example ourselves.  
24 That was a Neanderthal man speech of personal abuse.  
25 I, as Chairman, am perturbed.

26 THE PUBLIC: I disagree, I  
27 abuse him as a man. He has two arms, two legs,  
28 he is all there. I didn't abuse him as a man, I  
29 abused him as the ideology he represents.

30 THE CHAIRMAN: but he is under  
some restraint at the table, and I think we have to





1 maintain the stability of our discourse.

2 The gentleman at the microphone  
3 here?

4 THE PUBLIC: I think the sugges-  
5 tion that Dr. Shumiatcher has made, with these soft  
6 drugs and marijuana, it is recognized that they are  
7 not as bad as these other things and therefore should  
8 be dealt with, with a very mild sentence, like, in  
9 jail. But it has been indicated, and several people  
10 have said, and I think this leads to one of the  
11 greatest dangers with drugs, that it is sort of a  
12 little "no, no", so you get a little smack on the  
13 hand. But it reinforces the ideas that marijuana is  
14 bad, there is something bad about marijuana.

15 This boils down to all of the  
16 horror propaganda, and we had an example of this here  
17 several months ago with a program called Project '70  
18 where they came out and said marijauna is bad, LSD is  
19 bad, hereoin is bad, a big list; everything was bad.  
20 They were trying to communicate to a bunch of people  
21 in schools, high schools, elementary schools, that  
22 were being exposed to drugs. And these people looked  
23 and said, "Well, look, this is a bunch of crap. Soft  
24 drugs are not harmful, they are not any more harmful  
25 than alcohol, and alcohol is legal.

26 And here is the Establishment  
27 giving us the heavies again. They are saying 'This  
28 is bad.' For some reason they don't want us to use  
29 it, and we have used it ourselves, our friends have  
30 used it, with no harmful effects. And this leads us  
to believe that all the stuff we get from the Estab-



1        lishment is crap. All this stuff about heroin is  
2        crap." And it comes to a situation like was described  
3        a few minutes ago, about sex education, saying, "VD  
4        is bad, therefore, sex is bad." And people know that  
5        sex isn't bad, so they forget about the fact that VD  
6        is bad, and they go and get VD.

7                                In this particular case, they  
8        don't believe that marijuana is bad so they go out  
9        and try heroin and they get hooked on heroin. But  
10       it is the whole basis of our drug education. Even  
11       this chap who was up a little while ago suggested a  
12       program about dependency, not a program about indepen-  
13       dency, none of the good aspects. Like marijuana is  
14       part of a bad thing. And if you can't convince kids  
15       with that, as obviously you can't because they are  
16       using this stuff, then it leads to the not believing  
17       about heroin being bad, speed being bad; they get  
18       hooked on this stuff. So what you have to do is say,  
19       "Look, there is nothing wrong with marijuana, let us  
20       legalize it." Not a smack on the hand and say its  
21       a no, no. There's nothing wrong with it, legalize it.  
22       --- (Applause)

23                                THE PUBLIC: I don't believe  
24       that education is the solution to the drug problem,  
25       but it is a solution that has been put forward for  
26       years now, where they say that all the kids are  
27       taking dope so we have to educate them. And you know,  
28       there is a Drug Dependency Association and I frankly  
29       think that this is all a whitewash. There has been  
30       education for years now; none of it has been any  
      good. And until you realize that people use



1 drugs for a reason, and there are social causes  
2 behind the use of drugs, and you have to do something  
3 about those social causes, you will never solve any drug  
4 problems and you will not solve them through this  
5 education. They don't know nearly as much as  
6 the kids know themselves.

7 And if you have read something  
8 about the drug education put out by the R.C.M.P.  
9 and all this kind of rubbish, it is not believed.  
10 The kids don't believe all the things they hear,  
11 and they just don't believe anything. And this  
12 education is just no way at all. You have to find  
13 some other solution some more, basic solution to  
14 the problem.

15 THE CHAIRMAN: Thank you.

16 THE PUBLIC: I just wanted to  
17 ask the Doctor here if -- in Vancouver we have the  
18 same problem as you do in Regina, and I was just  
19 wondering how you could suggest that we attack this  
20 problem and help the young people. Do you feel  
21 money is the answer? Do you feel that if we all  
22 make a lot of money, do you think that is the answer?  
23 Do you think if we were materialistically happy  
24 the society would improve that way?

25 DR. SHUMIATCHER: No, I don't  
26 think it has anything to do with money at all. I  
27 think it only has to do with what values one places  
28 on society, on one's life, and the purpose of one's  
29 being here. That is to say, -- what interests  
30 me is that the argument so frequently made is that





1 alcohol is good and so drugs are good.

2 Let us suppose we had to start  
3 from the beginning. Let us suppose there is a  
4 question of whether alcohol is used at all, not  
5 whether people developed a desire for it or made  
6 it a part of a way of life. What would your answer  
7 be? Would you favour widespread use of alcohol  
8 or, if you started a society -- purely hypothetical --  
9 with a carte blanche, clear sheet, what would you  
10 do about alcohol? I think that I'm -- I mix  
11 occasionally, I use it, but I think it has caused  
12 more misery to our society than it has brought  
13 benefits. So, why one reasons that since alcohol  
14 is permitted, drugs should be I don't know, but all that I am  
15 saying is that the use of drugs is similar.

16 Now, the only question, you  
17 say, is, "How do you solve the problem?" Individuals  
18 have to make choices, you have to make the choice,  
19 it is up to you. Putting persons in jail and  
20 punishing them, I don't believe in at all. I think  
21 it is rot. But the question, it seems to me, is,  
22 why some people who <sup>use</sup> this -- and it is not used by  
23 a large percentage of the population, but a minority,  
24 why do they find it necessary to have their pot?

25 You may think it is a great  
26 thing and like it, and you look with contempt upon  
27 the alcoholic who equally prophylactics for his  
28 drink. I think they are both weaknesses. I think  
29 in the sense of the scale of values, it is far better  
30 if you need neither or want neither.



1 Now, that is why I quoted St.  
2 Thomas Aquinas, none of us is wholly virtuous. The  
3 question is, is it not more desirable with the sense  
4 of values that you have, that you live in the real  
5 world rather than the kind of make-believe world of  
6 the alcoholic or the narcotic user?

7 THE PUBLIC: But we do not think  
8 it is a make-believe world.

9 DR. SHUMIATCHER: I know you  
10 don't, but neither does the alcoholic.

11 THE PUBLIC: Why do you say we  
12 are in a make-believe world? I am making money and  
13 I'm living, and I'm not bumming, I'm not living on  
14 social assistance. I mean, I am happy.

15 DR. SHUMIATCHER: Where is your  
16 smile?

17 THE PUBLIC: I think it is serious,  
18 very serious. I think once it is overcome, then we  
19 can all smile.

20 THE CHAIRMAN: Dr. Lehmann has  
21 a question for Dr. Shumiatcher.

22 DR. LEHMANN: Dr. Shumiatcher,  
23 I wonder if I might ask this question, based on your  
24 philosophy outlined in paragraph 4, page 2, that  
25 society, and its law making agencies, need not  
26 concern themselves with sumptuary habits including  
27 those of drugs, depending on circumstances -- in  
28 other words, referring to all habits, that there would  
29 be one of two things, either lead to negative or anti-  
30 social behaviour or secondly, where, having the impaired  
capacities through use or abuse of the substance, that



1 the individual must be maintained by society.

2 Now, with regard to this, there  
3 has been a recent issue in a medical journal, an  
4 article which showed through experimental -- or gave  
5 experimental proof that people who expose themselves  
6 habitually to rock music, that is, 110 to 120 decibels,  
7 that of those, 16% will eventually suffer substantial  
8 hearing loss, and the author concludes that these 16%  
9 will simply have to be cared for by medicare, welfare  
10 and social agencies.

11 Would you say, based on your  
12 argument, that the law should interfere?

13 DR. SHUMIATCHER: Very interest-  
14 ing question. The thing is that when big trucks on  
15 the streets of Toronto cause noises about a certain  
16 level, above a certain number of decibels; I don't  
17 know whether there has been a law passed, but it  
18 certainly has been proposed it be passed, a by-law  
19 saying that such trucks must be prohibited on the  
20 highway. Similarly, we have laws that provide, if  
21 a person drives a motor vehicle without a muffler,  
22 that is an offence. Why? Because it makes too much  
23 noise.

24 DR. LEHMANN: But people who  
25 choose to go to rock music while others are not  
26 exposed to it, should they be prevented?

27 DR. SHUMIATCHER: Of course, I  
28 think not. But I think heroin lies the dilemma  
29 that we are all in, because I am quite convinced  
30 that once the state underwrites the health of every  
citizen, it will, as a corollary of that, make





1 demands on how people will conduct themselves  
2 to maintain that health. That is to say, you may  
3 not overeat, they may prescribe diets; you may not  
4 sleep a certain number of hours; you may not abuse  
5 your body, you may have sexual intercourse twelve  
6 times a week. They will, -- the corollary of the state-  
7 ment, underwrite the health and welfare of the  
8 citizens, in that the state will eventually  
9 determine the conduct of the individual in the sumptuary  
10 areas.

11 I oppose both. I oppose the  
12 encroachment of the state in this area, because I  
13 think that is the greatest problem. I am very much  
14 on the side of the people who say, "I want to use  
15 alcohol, I want to use marijuana, I want to use  
16 anything I want", providing they live in the society  
17 upon which they can't make demands for their support  
18 and their maintenance after they have impaired or  
19 destroyed themselves.

20 Now, I know it is a difficult  
21 proposition, but at the same time, I think that  
22 that certainly is inherent in my view, of the use  
23 of these substances. And here we have it, the  
24 people who come before this Commission, as I have  
25 read, throughout the country, to a large extent,  
26 are very concerned people. People in the social  
27 welfare areas are concerned for these youngsters  
28 because they get into a mess, they become sick,  
29 they become deranged, there are problems, there  
30 are real social problems involved, and people want



1 to do something for them. And I suggest, because  
2 of that sentiment in the kind of society in which  
3 we live, society then takes it upon themselves to  
4 place the very kind of restrictions upon the free  
5 use of these drugs that the users object to, And  
6 I am sympathetic to their objection to this inter-  
7 ference, but they live in this society and support  
8 it and maintain it, regardless of what kind of a  
9 society, because I suggest if we didn't have the  
10 sort of welfare society in which we live, I doubt  
11 very much as many would engage in the use of drugs  
12 and narcotics as do. Because it is a very simple  
13 matter on the one hand to use drugs and narcotics  
14 and to enjoy the opting out of society, and on the  
15 other hand to go to the welfare office in the  
16 morning and get their check.

17 DR. LEHMANN: Would you then,  
18 to go through with your argument, be in favour of  
19 legal restriction of rock music over a certain  
20 decibel level since it has experimentally been proven  
21 that a certain percentage will suffer damage which will  
22 have to be taken over by a welfare agency?

23 DR. SHUMIATCHER: I don't, and  
24 I'll tell you one reason why I don't. That is why  
25 so few people--everyone likes to talk nowadays,  
26 that so few people listen to anything, and ears  
27 are used/<sup>so</sup>little, that loss of hearing really doesn't  
28 mean very much.

29 THE CHAIRMAN: Gentleman at  
30 the microphone?



THE PUBLIC: Speaking only for myself, I question the effectiveness of drug education as far as credibility is concerned. Two cases at point that I can think of, and that is, a few months ago, one of our Regina schools brought me a pamphlet concerning drug education. And as far as marijuana was concerned they tried to show that you should stay away from this sort of thing because you would get drawn into this thing, you are going to be associating with unsavoury characters and people who live in shoddy surroundings, as though you were headed for skid row. And I think that the majority of young people don't buy this.

Secondly, recently CJMA ran a program, as has already been mentioned, Project '70, where the moderator repeatedly brought up the fact that, well he mentioned your Commission; that it's useless going around the country because Canada cannot legalize marijuana. These are his words; because of a treaty Canada signed in 1961, along with other nations, to help stop the spread of drugs, and this was going out over the air, and people are accepting this fact. And through further research I discovered that the leaves of the cannabis plant aren't even included in this treaty, and that should any nation want to legalize the lot, that they can withdraw from this treaty.

So, once agin, I bring up the question of credibility in our drug education.

That's all I have to say.





1 THE PUBLIC: Dr. Shumiatcher  
2 spoke on the effects of marijuana; make-believe  
3 world, deterioration. Where did you get your in-  
4 formation?,

5 DR. SHUMIATCHER: It so happens,  
6 sir, that I worked very closely twelve, thirteen,  
7 years ago, with a group in this city who were the  
8 precursors of the use of LSD, LSD for various  
9 purposes. These included a great many people who  
10 have been interested in it, like Dr. Humphrey Osmond,  
11 Dr Abram Hoffer, Dr. Morgan Martin, and others.

12 As a matter of fact, I freely  
13 can state this, that a number of my friends in this  
14 particular group resorted to the use of these drugs.  
15 I was too chicken to try them, I will be quite  
16 frank with you. And my observation, over a period  
17 of about twelve years, of a number of these persons,  
18 has convinced me of that deterioration I mentioned.  
19 That is number one.

20 THE PUBLIC: That is your  
21 personal opinion or your observation of them?

22 DR. SHUMIATCHER: My personal  
23 observation.

24 Secondly, I have had a number  
25 of clients in this field, I have seen them under  
26 various circumstances, they are tragic in my opinion;  
27 where I have found young people, particularly young  
28 people, but, mind you, this isn't all young people,  
29 it is older persons too. To my mind, it is tragic,  
30 having known some of these persons, and



1 to know the results. To me, this is the great loss  
2 of them as human beings to society, if you want to  
3 use that term, as a whole. And this is why --  
4 these are my personal experiences. I am  
5 not relying at all upon anything I have read,  
6 it is just what I have seen in this city and in  
7 Calgary and in Vancouver among persons whom I have  
8 known for many years.

9 THE PUBLIC: I think you are  
10 imposing realities.

11 DR. SHUMIATCHER: I am just  
12 trying to answer your question as best I can. That's  
13 what I base it on and I may be wrong and I may be  
14 wrong in my observations.

15 THE PUBLIC: If we could arrange  
16 it, would be interested in meeting a number of  
17 people who are the exact opposite of what you just  
18 defined?

19 DR. SHUMIATCHER: I am interested  
20 in meeting anybody, particularly the young people,  
21 at any time.

22 THE PUBLIC: How could we  
23 arrange this meeting?

24 DR. SHUMIATCHER: You didn't  
25 have much trouble finding me at the Court of Appeal  
26 yesterday, so you know where you can reach me.

27 THE PUBLIC: Thank you very  
28 much.

29 THE CHAIRMAN: Thank you,  
30 Dr. Shumiatcher.



1 DR. SHUMIATCHER: Thank you.

2 THE CHAIRMAN: Thank you very  
3 much for your assistance.

4 I call now on Miss Moran,  
5 President of the Provincial Council of Women.

6 If Miss Moran is here, if you  
7 would like to be seated at the table, Miss Moran?

8 MISS MORAN: If I could be  
9 heard from this microphone, I would just as leave  
10 stand here.

11 The brief I was to present was  
12 from the Provincial Council of Women and it was a  
13 consensus of opinions expressed by women, whose one  
14 concern was the alarming rate of increase in the  
15 use of drugs in the institutional, in the educational  
16 institutions, particularly in the high schools and  
17 the elementary schools.

18 Now, we believe that right now  
19 prevention is of prime importance. The mothers  
20 of teenagers and sub-teeners want their children  
21 to have the advantages of education, but many of  
22 them have expressed to me their doubts about having  
23 their children go on, particularly to university,  
24 because of the influence to which they are subject.

25 There are many things I was  
26 going to say, and I was going to read this brief  
27 but having listened to the, what shall I say, the  
28 arguments that have gone on here this afternoon  
29 where people who have not perhaps studied as much  
30 as some other people have, come up just to criticize.





1 I can't quite see that. And I am here on behalf  
2 of the women, so I think I should skip that.

3 I would like to mention two or  
4 three things I will just pick out, if I may.

5 First of all, in comparing  
6 marijuana, particularly with alcohol, I would like  
7 to quote from Time magazine of September of last year:  
8 "Alcohol is tremendously dangerous to society but it  
9 is now part of our culture". If that is any reason --  
10 "Is that any reason to invite a second equally  
11 dangerous substance? One chemical escape valve for  
12 any society should be sufficient."

13 THE PUBLIC: Alcohol is bad,  
14 marijuana is good.

15 MISS MORAN: I find the young  
16 people, I am quite shocked about how they can't  
17 listen to anyone else but themselves, and I would  
18 like to meet with them some time when they act like  
19 mature people who were given some subject, matter  
20 and are really concerned for the whole society, not  
21 just for your own little part in it, your part as  
22 young people, feeling that everyone is against you.  
23 And I can assure you, women certainly aren't. You  
24 all have mothers.

25 I think that all of us adults,  
26 I will include all of us in that, should have some  
27 concern for the youngsters. I mean in grades seven  
28 and eight, and it has even been found in grades one  
29 and two, in school, and I think that we are all, we  
30 as responsible adults, as I presume we are, to be here,



1 immediately without fear of facing criminal charges.

2 We are concerned that in news  
3 reports of these hearings, it would lead one to  
4 believe that Commission members, or at least, the  
5 press reporting these hearings, have already deter-  
6 mined that marijuana should be legalized. Press  
7 reports enlarge on the opinions of the so-called  
8 experts to support this purpose, and to the exclu-  
9 sion of the opinions of those with actual experience  
10 in the field.

11 A case in point was the  
12 report of your hearing in Ottawa where these experts  
13 got up and academically explained how there was no  
14 danger and no harm and all this, and this was  
15 headlined in the paper, certainly in the Leader Post,  
16 by about a four-column headline about how harmless  
17 it was, and it didn't go on to say what came out  
18 in the morning news report over the radio that one  
19 young man jumped up and told them from his own  
20 experience and that <sup>of</sup> dozens of his friends, that his  
21 life had been ruined and that this was harmful  
22 and he was out to see that other people were not  
23 harmed.

24 Now, as a Council representing  
25 thousands of Saskatchewan women, we are interested  
26 in doing our part in enlisting the mothers, grand-  
27 mothers and the aunts like me, in finding a solution  
28 to this problem and we really will do everything  
29 we can to see that people become knowledgeable  
30 and anything that the authorities feel that we can



1 do before this problem becomes so entrenched in our  
2 way of life that we cannot turn back. Thank you very  
3 much.

4 THE CHAIRMAN: Thank you.

5 Miss Moran, could you give me  
6 an idea of what is the membership of the Provincial  
7 Council of Women -- it is obviously provincial wide.

8 MISS MORAN: Well, it goes from  
9 the local to the national level, and the local  
10 Council is made up of organizations of men and women  
11 who wish to go along with the idea of the best for  
12 society and for people generally, particularly in the  
13 homes, and at the provincial level the locals are  
14 federated, and also all the other organizations.

15 Now, I can only estimate, but  
16 I should think 40,000 might be a figure. I could  
17 give you that more accurately. This is just estimated.  
18 I can give it to you more accurately when I send in  
19 my brief.

20 THE CHAIRMAN: 40,000, in  
21 Saskatchewan?

22 MISS MORAN: Yes, and we have  
23 the national level where it represents, say 800,000  
24 women, and at the international level -- at each  
25 level, with any problem or something that we feel  
26 should be taken up, and at the international level  
27 they give their recommendations.

28 THE CHAIRMAN: How was the  
29 brief approved? At what level was it approved?

30





1 MISS MORAN: Well, before the last  
2 I have been President for a year now, but prior to  
3 concurred  
4 that, we have /on collecting data on this and it  
5 has been a study of probably four years; but at the  
6 provincial level, I asked, last year when I became  
7 President, for the ideas of the women throughout  
8 the province, and I have had letters from different  
9 organizations as well as from ordinary women. We  
10 are not out as a do-gooder society, but just what  
11 we can do as ordinary women.

11 THE CHAIRMAN: Thank you.

12 At the microphone?

13 THE PUBLIC: Yes. The lady  
14 said that one chemical release is enough for any  
15 society. Alcohol may be a sufficient release for  
16 your society, but that does not necessarily mean  
17 that your society is my society. I think young  
18 people today are developing their own culture and  
19 responding very differently and will be in the next  
20 few years, than you have been, and we should be free  
21 to develop our own society, and this form of society  
22 takes a different type of chemical release. And it  
23 has not proven, to my knowledge, to be more dangerous  
24 than the release through alcohol. The development of  
25 this chemical release should be allowed.

26 Another point I would like to  
27 try to make is that a lot of people at this hearing  
28 have said that users should be lightly punished,  
29 but people who sell drugs should be heavily punished.  
30 This shows a complete lack of understanding of the



1 situation, the kind of situation where there is  
2 no such thing as clearly defined sellers and con-  
3 sumers of drugs. The traffickers are very wide-  
4 spread, somebody will buy a little bit of grass  
5 for \$10.00, and he might sell half, and he might  
6 give a little to some friends and he might sell a  
7 couple of joints to somebody who wants to try it  
8 or he might give you the prices and say, "See a  
9 couple of friends".

10 There is not this kind of a  
11 market and consumer approach. If you are going to  
12 punish the sellers you will have to punish by far  
13 the vast majority of people who use it at all.

14 THE PUBLIC: I would just like  
15 to thank Miss Moran for coming today, personally, thank her,  
16 because it just goes to show the number of people  
17 who are really interested at all ages in youth, and  
18 I really appreciated it, and I noticed a lot of  
19 people were laughing and I was kind of disappointed,  
20 because these old people play a part in helping us  
21 too -- these older people play a part in helping  
22 us too, and that is all I want to say.

23 MISS MORAN: Well, thank you  
24 very much. I just want you to know that older  
25 people are not down on youth, that this is not a  
26 battle of age and youth and it is strange of young  
27 people that when you are your age you really think  
28 you know it all and your older people don't know  
29 anything, and then as you get older you learn more  
30 and more and, by Jove, its surprising how much you've



1 forgotten, because you find you don't know a quarter of  
2 what there is to learn. So I feel it is quite  
3 easy to criticize other people, but we really should  
4 have something to contribute, not just criticize.

5 THE CHAIRMAN: Thank you, Miss  
6 Moran.

7 I call now on Dr. Barootes'  
8 please.

9 DR. BAROOTES: Mr. Chairman,  
10 I'm not an expert as so many people in this room  
11 are, from exercise or experience. The views that  
12 I express will be entirely my own. I beg your in-  
13 dulgence and I apologize to you for some of the  
14 thoughts that I may be suggesting or holding as fears.  
15 And the reason I present them is that I really do  
16 think, Mr. Chairman, that there may be a large body  
17 of people in this country reading reports of sub-  
18 missions made to you and to your Commissioners and  
19 who have not heretofore exercised their option or  
20 the privilege of bringing a view to you for fear it  
21 be controversial.

22 By controversial I mean that  
23 it may lead to objective or, it may also be subjective,  
24 and if you will, rather hurtful to some of the people  
25 on your Commission, and so I must apologize to you  
26 in advance and I hope you will bear with me.

27 There appears to me and to a  
28 body of people some suspicion that perhaps the  
29 construction and methodology, the technique of our  
30 Royal Commission which we are sitting before





1       today, is not one which is as perfect as we would  
2       like. There rises a body of suspicion that with  
3       some subjective corroboration, that the group in  
4       the Royal Commission are not entirely concerned with  
5       fact finding. I read the terms of reference and  
6       got the brochures available, and my big fear and  
7       the fear of some of us is -- I don't know how to  
8       express this without being offensive -- that possibly  
9       the people appointed as a commission, or to go a  
10      step further, the Commission itself, as it is now  
11      constituted, is not qualified particularly to sit  
12      on this problem, that if they did have qualifications  
13      in the beginning, that they may have quickly dis-  
14      qualified themselves. There is a fear and a sus-  
15      picion that it is an intention of the authority  
16      that appointed this Commission, not so much to  
17      inquire into and to marshal information, but rather  
18      for other purposes which may, in part, be political  
19      and may be in part motivated for personal advance-  
20      ment, and that the facts are that they may be looking  
21      into problems which could best have been looked into  
22      by another method.

23                       There is a growing body of  
24      suspicion that your Commission may be asked to be  
25      the rubber stamp or, if you will, the acquiescent  
26      body which provides the stamp of approval for an  
27      already preconceived ---

28                       THE CHAIRMAN: I should tell  
29      you, Dr. Barootes, that you don't enjoy any privilege  
30      in a public hearing, and I want to hear you out, but



1 you are making a very, very serious reflection upon  
2 the professional integrity of myself and my fellow  
3 Commissioners, and you may have to answer for it.

4 I will reply to you, and I will hear you out, but I  
5 must advise you that you cannot enjoy any privilege  
6 for remarks of such a serious imputation—please be  
7 seated, if you will. This is a very serious matter.

8 Please proceed.

9 DR. BAROOTES: Mr. Chairman,  
10 I must apologize to you.

11 THE CHAIRMAN: I don't think I am  
12 particularly interested in apologies since you chose  
13 to make a statement publicly, but please conclude your  
14 remarks.

15 DR. BAROOTES: The purpose of my  
16 remarks is to suggest that you may have started out,  
17 and I have this in my statement which I just wrote  
18 out a few hours ago, with the best of intentions and  
19 the best of background, that there may be a body  
20 of people who are concerned and worried as to whether  
21 this Commission is hearing in deed and in fact all  
22 bodies of information or if, in fact it is hearing  
23 a viewpoint, by and large, which is likely to result  
24 in something that is preconceived by the authorities  
25 who set up the Commission.

26 THE CHAIRMAN: Let me say this,  
27 that we have advertised our meetings well in advance.  
28 We have welcomed everyone and invited everyone with  
29 their reports. We have made no selection among  
30 those who have chosed to appear before us. We have  
heard everyone to the best of our ability and in the



1 time available to us. We have heard some in private  
2 if anyone chose it. And we have gone across this  
3 country for the express purpose of exposing ourselves  
4 to the widest possible range of opinion. Excuse me,  
5 I just want to make a further observation on this  
6 point -- and we have shared the concern that we  
7 should hear as fully representative body of opinion  
8 as possible. Indeed, if you carefully examine the  
9 record reported in the paper, you will see that we  
10 have on occasion commented and expressed this concern  
11 publicly and urged people to come forward, and there  
12 is nothing, if I may add, nothing that we have done  
13 by expression or otherwise to discourage the widest  
14 possibly range for the expression of opinion. That  
15 is with respect to this point, this concern.

16 Your other remarks I intend to  
17 reply to when you conclude.

18 DR. BAROOTES: Well, Dean LeDain  
19 I will be pleased to present the substance of my  
20 remarks to you in private.

21 THE CHAIRMAN: It is too late  
22 for that; it is too late for that, Dr. Barootes.  
23 You had better conclude and I will make my statement.

24 DR. BAROOTES: I have reason to  
25 submit some of the worries and anxieties I have had  
26 to you in private, if I have that privilege.

27 THE CHARIMAN: I don't know if  
28 you have anything to add to what you have already said,  
29 but please complete it before I make my remarks.

30 DR. BAROOTES: One of the





1 areas of concern that arise is that the timing of  
2 this, and I would like to talk to you about it at  
3 another -- on another occasion -- because I don't  
4 want to offend this Commission.

5 THE CHAIRMAN: You have been  
6 very offensive to me so far, but I will comment on  
7 that because you have cast -- you have made a very  
8 serious reflection and I think my professional  
9 reputation in this country is such that I am not  
10 obliged to receive this and that is true of my  
11 colleagues. But I wish you to conclude your remarks.  
12 You are making a serious ---

13 DR. BAROOTES: I have concluded  
14 my remarks and I withdraw.

15 THE CHAIRMAN: If you will  
16 just stay there for a minute.

17 DR. BAROOTES: I would be  
18 pleased to.

19 THE CHAIRMAN: What you have  
20 suggested, you have reflected upon the independence  
21 of this Commission. It is constituted as an independ-  
22 ent Commission, and I may say publicly that it has  
23 taken the most special pains to maintain its in-  
24 dependence and that includes its independence from  
25 any political influences or pressures of any kind.  
26 And you, in suggesting that this Commission is to  
27 be the rubber stamp of anyone's views, you have  
28 passed a very serious reflection upon myself and  
29 my colleagues. It is completely unfounded and it  
30 is so far from the truth, and so far from the truth



1 as to the manner in which this Commission has taken great  
2 pains to conduct itself, and great personal, I may  
3 say, exertion and sacrifice, that it is a very unjust  
4 imputation, a very unjust imputation indeed, and one  
5 which I repudiate. And one for which there is no  
6 foundation.

7 This Commission was given the  
8 basis of independence. It has cherished and exercised  
9 that independence and it has done its conscientious  
10 best to arrive at the truth in this inquiry. Now,  
11 this Commission is not responsible for the kind of  
12 impressions that public exchanges of opinions may  
13 have created. You are not the first to have complained  
14 about the nature of these hearings. These hearings  
15 have been conducted in the manner in which they have  
16 been because this Commission believes profoundly  
17 that it had to have the benefit of as wide an ex-  
18 pression of opinion and understanding as possible  
19 in this country, and is not ashamed of the manner  
20 in which it has conducted these hearing, and it has  
21 no reason to believe it was wrong in its original  
22 decision.

23 But some have not liked it and  
24 there are some present today who have expressed the  
25 opinion to the Commission because they have discovered  
26 that in the course of these hearings they were  
27 subjected to examination and evaluation of criticism  
28 of their views.

29 Now, no one has come here  
30 except voluntarily and we respect those who have



1       come and we respect those who have submitted  
2       to this exchange, this dialogue, and questionning,  
3       and I remind you that the public hearing is only one  
4       of the methods employed by this Commission.

5                       And the imputation that this  
6       Commission is not fact finding is also completely  
7       unfounded, without any substance whatever, because  
8       you have no knowledge personally. You have completely  
9       insufficient knowledge of the manner in which this  
10      Commission has conducted its affairs.

11                      The public hearings are but  
12      one aspect of this inquiry.

13                      Now, I wouldn't publicly state  
14      the time that I and my fellow members and very devoted  
15      and dedicated staff, have devoted to this very  
16      arduous task of attempting to form a sufficient  
17      understanding of this phenomenon within a very short  
18      time in order to form the basis of a responsible  
19      interim report.

20                      Now, my staff and my members  
21      and I, have not worked under these conditions,  
22      doing our very best to render the  
23      service we can to this country, for a careless  
24      imputation in public cast upon our  
25      integrity of the kind that you saw fit to express.

26                      I will thank you to think that  
27      over very carefully.

28                      DR. BAROOTES: May I thank  
29      you for your remarks, and point out, Mr. Chairman,  
30      there was no imputation meant on the integrity of





1 your Commission or yourself or your secretariat.

2 I am referring to another problem altogether, and  
3 if I may have the privilege of speaking with you when your  
4 Commission has time, I would do so. I am pleased  
5 to withdraw any such imputation if there has been  
6 any in mind, and I apologize.

7 Do you think, sir, it would  
8 be possible for me to discuss the substance of my  
9 consideration with you?

10 THE CHAIRMAN: I will <sup>give</sup> ~~consideration~~  
11 as to whether I think any useful purpose can be  
12 served by further communication between us.

13 DR. BAROOTES: Thank you very  
14 much.

15 THE PUBLIC: Excuse me,  
16 Mr. Chairman, please may I say something on this  
17 subject? I think what you have hear is simply a  
18 lack of communication between this gentleman and  
19 yourself.

20 Would you let me say something,  
21 please?

22 Now, these two men are the two  
23 most sensitive men in this room here, and they both  
24 have been working very hard and they believe in what  
25 they are doing, and they are doing a fine job for  
26 the young people of today. And there is no real  
27 difference in what they are thinking. They both  
28 think exactly the same thing. But there are two  
29 different ways to go about this problem, not just  
30 setting up a panel, and that is part of it, and I



1 think Mr. Chairman has done a fantastic job.

2 Thank you very much.

3 THE CHAIRMAN: Thank you.

4 I think perhaps I should now  
5 declare this hearing in Regina terminated. I should  
6 not like, however, to leave on a note which might  
7 create a completely false impression of the great  
8 benefit which we feel we have derived here today  
9 from a very well attended hearing, both here and at  
10 the university, and which we have had the benefit  
11 of very full, open, constructive and helpful parti-  
12 cipation. We have derived a great deal of benefit  
13 and we are very grateful to you for the manner in  
14 which we have been received here today.

15 Thank you.

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17 --- Upon adjourning at 4:55 p.m.

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